

NEURAL HYGIENE

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in Mental Hygiene



Medical
Notes

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REHABILITATION AND THE RETURN- ING VETERAN *

THE MAN AS HE LEAVES THE SERVICE

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ANY picture of the man as he leaves the army is dependent upon so many things that it is extremely difficult to portray him accurately. For example, such a picture is dependent upon (1) the type of person he was when he entered the service; whether he enlisted or was inducted; what his responsibilities were before coming into the service; his attitudes; his social status; and so on; and (2) his experiences in the army: the length of time he has spent in the service, with its discipline, regimentation, and orderly living, away from home, friends, and community; his length of overseas assignment, away from country, conveniences, and possible chances for furlough; to what extent he was exposed to vigorous stress and strain; whether or not he was in the infantry, in fox-hole warfare and hand-to-hand combat, or in the air forces, in air combat or on the ground crew; whether he was in the European or the Pacific theater; his ability to get along with others; his ratings; his assignments; and many, many other factors that might be mentioned.

What he was before he entered the service and the sum total of his experience in the army have, we know, effected many changes in his personal make-up. He has developed new attitudes, or changed others; he has had an opportunity to learn

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† Captain Bender was one of the first officers assigned to the task of originating a counseling service for men who are to be separated from the army.

about other peoples, races, creeds, and a bit about geography; he has had an opportunity to think and to discuss his problems with others, a chance to determine his own adaptability, some chance for an evaluation of life. During his period as a soldier, he has grown older chronologically and has matured considerably. He has received new training, has developed new friendships, has been introduced to new activities, but has retained the picture of the home front as he remembers it. This gives rise to the next point to be considered.

Changes have taken place in the community and in society as a whole, and the man as he leaves the service is not always cognizant of these changes. Economic and social changes *have* occurred while he was in the army, and there will be more going on even as he is being mustered out. As one university official recently stated, "Changes here at home will make a larger problem for the veteran trying to readjust himself than will any changes that have taken place in himself." This is not entirely true in every instance, for the individual alterations in personal make-up are important in the readjustment to civilian living. However, war-time living has, we know, frayed the nerves of civilians, has packed a good many pocket-books, has given impetus to many trends in the fields of industry, business, labor, government, and just plain living. To resume his place in society, therefore, a veteran must recognize the changes that have taken place not only in his own character, but in the world in general and in his own community in particular.

Let me repeat that any effort to formulate a statistical picture of the man as he leaves the service is extremely difficult and, in a sense, meaningless. Each case must be considered individually and not as an average.

Remembering the lessons learned after World War I and aware that the civilian in World War II did not become a well-disciplined soldier overnight, the War Department, taking note of the advances in personnel work to date, has set out to do something for the man as he leaves the service. A program of separation classification and counseling began on a small scale twelve months ago. This is now a phase of the entire plan for mustering out men and women after the cessation of hostilities—a plan that includes the program of post-hostilities education and training overseas.

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The transition from civilian to soldier took time and patience. A man was examined to see whether he met certain physical standards, was tested for aptitudes, was interviewed, sifted, oriented, trained, and trained some more before he would fit into certain molds in the army. Recognizing the elements that were of help in speeding up this transition, and aware of the need of assistance for the man as he leaves the service, the War Department has accepted a responsibility. Whatever aid can be provided to bridge the gap between military and civilian life will be well worth the effort.

The program of separation classification and counseling aims to help the man, as he leaves the service, take his first step back into society in an intelligent and confident manner. Men now leaving the service, both the able-bodied and those with physical disability or impaired health, are provided with this help. The program of separation classification and counseling is an integral part of the processing in the separation centers, which are rapidly being established, and in the hospitals throughout the country. The service is provided both for officers and for enlisted personnel, both for men and for women.

Whether in a separation center or a hospital, the program is divided into two phases. The first phase is the preparation of a separation qualification record, which is a summarized personnel data sheet and which includes information as to an individual's pre-service civilian education, training, and work history, plus an evaluation of his military training and job assignments in terms of his interests, aptitudes, future opportunities, and physical condition. His military specialties are translated into civilian skills with the aid of newly prepared tables of related occupations. The preparation of the factual record is mandatory for all personnel who are being separated, regardless of cause, and is based upon all the personal records of the individual available at the time, and a fact-finding interview. The original copy of this record is given to the man. It is conceived as a valuable instrument that will serve as a link between the personnel system of the army and civilian employers.

The second phase of the program is the counseling service. This is optional to the man about to be separated. In trial projects, however, it was determined that, despite the atypical

group being separated, slightly over 50 per cent of the able-bodied desired to take advantage of the service offered, while nearly 90 per cent of the men receiving certificates of disability discharge from hospitals desired this service.

Counseling is being given by a highly qualified group both of officers and of enlisted men, selected for this work primarily on the basis of their training, education, and work experience prior to entrance into the army. In addition, selection of counselors is based upon a thorough acquaintance with the army personnel and classification system. Specifically, selection is based, first, upon personal qualities; second, upon education and training in guidance work, psychology, and so on; and third, upon successful work experience either in industrial personnel, student personnel, clinical consultation, social casework, or any other type of experience in which they have dealt with others in connection with vocational, educational, or personal adjustment problems.

After selection, the officers and enlisted personnel are trained in a separation-classification-and-counseling school for four weeks prior to assignment to a separation center or a hospital. In addition to a refresher course in interviewing, this training provides information on procedures in the separation-classification-and-counseling section of a center or hospital; on occupations, industrial trends, and educational developments and opportunities; on all the civilian and governmental agencies and the part they play in the readjustment program; and on many other subjects.

After training, the counselors are assigned to separation centers and hospitals, where they begin operating with the men about to be discharged, bringing them up-to-date on what is known about changes on the home front; directing their thinking toward the problems they will face after being mustered out; and aiding those who desire it with a professional type of counseling. To assist the counselor in his work, he is provided with a "counselor's kit" of ready-reference material, and a "library for counselors" which is constantly supplemented with new materials for study to improve his work with the man about to be discharged.

Operating within the separation center or hospital are representatives of many agencies: the Veterans Administration, the United States Employment Service, the Civil Service

Commission, the Selective Service, and the American Red Cross. The counselors work very closely with these representatives, and when a specific problem arises that needs the attention of what might be termed a "specialist," the soldier in question is referred to one of these representatives.

I want to point out that we carefully avoid tackling problems that are beyond our scope. Counseling is optional, and we concern ourselves with long-range planning and immediate objectives, irrespective of how simple; we deal with vocational problems, with educational or retraining problems, and with personal-adjustment problems. But we have neither the time, the facilities, nor the personnel to give clinical consultations of long duration or to enter into the field of the psychiatrist. Although every effort has been made to select the most qualified men for counseling, and we have confidence in their skills and enthusiasm, we know that not all are equipped to deal with the soldier whose difficulties are such that he requires extensive professional assistance. These men, accordingly, are referred to clinics in their own localities where they may receive proper help. As previously mentioned, a part of the training of the counselors is in connection with the civilian and federal agencies in the local communities that have been established to care for certain types of problem case, and a part of the "counselor's kit" is an extensive directory covering many, many agencies—placement, educational, and so on.

A word about the separation centers. These centers, of which eighteen will very shortly be in operation in the United States,¹ are installations into which able-bodied men, earmarked for separation, are funneled. In the main, they are the final processing points, highly streamlined establishments for getting men out of the army. In addition to the separation-classification-and-counseling service in each center, the final physical check-up is made there; the final pay, a portion of the mustering-out pay, and a clothing check are given out; and personal records are put in order. All this processing is limited to forty-eight hours. Approximately one-half day is allotted for the separation-classification-and-counseling phase of the separation-center procedures.

¹ At the present time seventeen are in operation.

This same final processing is followed in hospitals after a man has been declared by a board to be eligible for a certificate of disability discharge, with one exception—the period is seventy-two hours after the decision of the board.

*To summarize, the man as he leaves the service will be informed. He will know about reporting to his local Selective Service board within five days after separation; he will be given information as to his rights, benefits, and privileges under a variety of legal enactments—Public Law 16, Public Law 346 (G.I. Bill of Rights), states' acts, and all other acts that pertain to veterans; he will know about insurance and what to do with his National Service Life Insurance policy; about industrial trends and job opportunities and how to make use of skills learned in the army; about educational and training opportunities, courses, curricula; and about the agencies in his local community to which, upon leaving the army, he may go for aid and assistance in his readjustment and reassimilation as a citizen. He will be informed about many more things dependent upon his own specific problems.

The man as he leaves the service will have had the opportunity to talk with representatives of the various agencies that have been mentioned. He will have had access to a library of vocational information and educational materials provided for him in the separation-classification-and-counseling section. He will have had a chance to "blow off steam" in a counselor's booth, for one of the many values that accrue from this separation-classification-and-counseling service is the fact that each man is allowed to "get it off his chest," to discuss his "gripes" and injustices. A counselor in our program is a good listener. Many of the remarks made by the men leaving the service are evidence that they have been relieved, so to speak; and a number of those who "blow off steam" return to thank a counselor, to show their appreciation for the opportunity provided them.

The man as he leaves the service will have in his possession: his final pay; a portion of his mustering-out pay; a discharge button; a separation qualification record; a report of separation; a certificate of discharge; a War Department publication entitled *Information For Soldiers Going Back to Civilian Life* in which will be recorded names and addresses of agencies in his local community to which he may go upon reaching

home; a uniform allowance (or civilian clothing); and a counselor's interview memorandum, in case he received counseling.

The man as he leaves the service will expect to take his normal place in society, and, if proper orientation is provided, will not be too anxious for an unnecessary amount of attention, after he returns to his community, merely because he served his country in the uniform of Uncle Sam. It will be brought to his attention that up to this point his efforts have been more or less directed and his activities controlled and that he may have suffered unduly, but that from the time he steps out of the service into the rôle of a civilian he must be aware that, despite all the services available to him on the outside, and despite all the "hell" he may have gone through, much will be expected of him personally in his total readjustment and in the readjustment of the country.

VETERAN INTO CIVILIAN: THE PROCESS OF READJUSTMENT

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THERE are three subjects of vital concern to the people of America to-day—winning the war, winning the peace, and preparing the way for the return of our fighting men. Armies and navies win wars, statesmen negotiate peace treaties, but every man and woman in the United States to-day has an immediate responsibility toward the one-tenth of our population who have gone to war.

Thoughtful people are aware of this responsibility and eager to understand those whom they hope to serve. Thousands of words have been written, with millions more to come, on "the veteran's readjustment to civilian life" or "the rehabilitation of the returning veteran." The interest of the American people in this vital subject will keep the stream of words flowing. But there is danger in this deluge of material—the danger that it will all become stereotyped and lose its personal meaning and value.

Certain phrases become labels which are then applied freely, glibly, to all situations. They sound so pat and are apparently so descriptive that we tend to use them without

pausing to inquire into their meaning. What do we mean by "veteran"? When is a veteran a civilian and vice versa? Is the veteran's readjustment to civilian life a one-way street or does civilian life meet the veteran halfway? How many who use the word rehabilitation so freely know the meaning of what they are saying? Who rehabilitates whom and by what methods?

The Oxford English Dictionary tells us that a veteran is "one who has had long experience in military service; an old soldier." A fuzzy-cheeked youngster of nineteen who receives a medical discharge as a result of battle wounds cannot have had *long* experience, nor is he an *old* soldier. But he is, nevertheless, a veteran.

A civilian, according to the dictionary, is "one who follows the pursuits of civil life; not a soldier or a sailor." If life were as logical as dictionary definitions, a soldier or a sailor would, of course, become a full-fledged civilian immediately upon discharge from active service. Actually, that does not happen. Instead, there is a transition period, during which the veteran is not quite a smoothly functioning civilian. Temporarily, at least, he is the man from Mars, a stranger in a strange land.

An adult civilian is an individual who lives in a home of his own choosing, surrounded by possessions, large and small, which he has chosen to make his life more attractive, comfortable, pleasant. He has family, friends, acquaintances whom he sees frequently or infrequently, depending upon his mood or his needs. He has privacy when he wants it, companionship when he seeks it. He selects his recreational or cultural interests and keeps hours that please him. He works for an employer or employs others, depending in part on choice and in part on economic necessity. He plans his future and weighs one alternative against another, for his own ultimate good and that of his family. His entire life is his own, to do with as he pleases, within the limits of his own personality and the welfare of the community. In turn, he is held responsible for his own maintenance and for his behavior and participation in community life.

War changes all that. It removes the civilian suddenly and forcibly from home, family, friends, possessions, job, school, and all other facets of his familiar setting. It separates him

from his accustomed habits, defenses, and comforts and deposits him, plus little more than a toothbrush, in an alien world. He acquires a serial number and loses all rights to privacy or control over his own destiny. He spends months—more frequently now, years—living in a world in which individual choice and initiative are subjugated to the will of the group. The successful soldier is one who can lose his identity and become a smoothly functioning cog in the war machine.

Then, after years of living as a serial number in close proximity to thousands of other serial numbers, wearing the same clothing, using the same slang, eating the same food, marching in cadence with thousands of others, the veteran returns to his home town. Even without actual combat experience, which adds an entirely different and much heavier burden, the veteran is confused and out of step with the civilian pattern.

His home may no longer exist. Many service families have doubled up, and the present housing shortage makes it difficult for the veteran and his family to find new quarters. Too often, the veteran and his furlough bride and new baby, or even the couple who had established their family relationships long before the man went into service, are forced to make the important first readjustments without the privacy that is their right. It was with considerable bitterness that one veteran said recently that when he dreamed of home while on Guadalcanal, he did not anticipate that home would turn out to be a corner of the living room of his mother-in-law's apartment.

The people at home are different, too. No woman can be as beautiful, charming, gracious, and satisfying as the dream her husband or sweetheart carried with him through the mud of the training camp and the battlefield. The little personal habits that grated on the nerves, but were forgotten, are certain to crop up again when the first thrill of home has worn off.

The people at home are older. The veteran is older. Three or four years can be terribly important in the life of a very young man. When a family lives these years together, changes are gradual and are taken in their stride. When members of the group have lived apart, each having experiences that can

never really be shared with the others, the gap is much wider than the actual number of years might indicate.

The big city is frightening to one who has lived in the army. City crowds are different from the crowds he has known. Thousands of men surrounded him in service, but they were usually all going the same way, doing the same thing, or just standing around waiting to be told what to do next. Crowds in the city are so purposeful, each individual bustling along, bent on his own business. It is not surprising that the veteran sometimes takes up his old stand on the street corner watching the crowds hurrying by, just as he used to do on furlough when he had time to spend, but nothing to spend it on.

The world moves too quickly for one who is finding himself and trying out his rather rusty powers of choice and individual action. In other words, he is not quite a civilian—he is a newly discharged veteran. He has many little choices to make, such as a new suit of store clothes and the brightest tie he can find to wipe out the memory of olive drab. He must find out how civilians go about getting a pair of shoes under war-time rationing. But these are unimportant, simple things—bewildering, but not too difficult to master.

What is important is the fact that, at a time in his life when he is least accustomed to thinking for himself, he must make some of the most momentous decisions of his entire life, occupational, educational, social, and many others, in a world that is temporarily alien. No wonder he is confused. Some degree of confusion is inevitable. In fact, we might be justified in saying that an absence of confusion under such circumstances would be pathological in its detachment from reality. In this confusion he turns to us, his fellow citizens, for wise, impartial counsel and guidance, the very least that his home town can offer him.

Many cities throughout the country are planning to have ready, for their returning service men, central points to which they may come for information, guidance, and steering to the resources in the community that they may need. One of the earliest of these was the Veterans' Service Center in New York City. Though the history, purpose, and actual operation of the Veterans' Service Center may be familiar to some of you, it might be well to sketch it briefly at this point.

Early in the summer of 1943, at the suggestion of the War

Manpower Commission and the Welfare Council of New York City, all the groups in the city concerned with the needs of returning service men were called together for the purpose of discussing potential problems and formulating plans. Out of this meeting grew a coördinating committee called the War Manpower Conservation Committee, which in turn selected an equally representative, but smaller, executive committee, charged with responsibility for the organization and continuing operation of the Veterans' Service Center. Mrs. Anna Rosenberg, Regional Director of the War Manpower Commission, is chairman of this executive committee. The agencies represented on the over-all committee and the executive committee are too numerous to list here. Some of them are the War Manpower Commission, the Selective Service System, the Veterans Administration, the Welfare Council of New York City, the army, the navy, the American Red Cross, the American Legion, the Veterans of Foreign Wars, the Disabled American Veterans. We have also been fortunate in having the continuing interest and firm support of Mayor La Guardia.

The center was originally planned as a six-month experiment to serve a threefold purpose:

1. *Information and Reference*—to serve as a central place in the community to which returning veterans can come for information, help, and guidance, and from which those in need of continuing service can be referred to the specific agency in the community best equipped to meet their needs.

2. *Coördination of Community Resources*—to observe the developing needs of veterans and to relate these needs to the total available resources of the community—federal, state, and local, public and private; to work closely with all the resources of the community so that as gaps in service are seen, facilities for bridging them can be developed.

3. *Demonstration and Recommendation*—to make available to other communities and to the armed services the knowledge gained by the staff of the Veterans' Service Center about the needs of returning veterans and the methods that have been or that might be developed for meeting these needs.

It is most satisfying to be able to report that, in planning the function and operation of the center, the federal, state, and local governmental agencies, the veterans' organizations, and all the other interested groups worked together toward

one common goal—that of service to the veteran. Those of us who are concerned with the day-to-day job at the Veterans' Service Center are grateful indeed that we are able to render service to the veterans we see, secure in the knowledge that all the sponsoring groups are supporting us wholeheartedly, and that they stand ready to assist concretely whenever called upon to do so.

The Community War Services of the Federal Security Agency contributed the services of the center's director, Mr. Louis L. Bennett; special consultants were loaned by the Board of Education of New York City, the New York State Division of Vocational Rehabilitation, the United States Civil Service Commission, the United States Employment Service, and the Veterans Administration. Selective Service contributed medical equipment and the services of a panel of volunteer physicians who had been recruited by Colonel Samuel J. Kopetzky, Chief of the Medical Division of New York City Selective Service Headquarters. The services of a research assistant and a clerical staff, as well as space, were made available by the War Manpower Commission.

Private funds were contributed to pay the salaries of the case-work staff, which in the beginning consisted of an assistant director, a supervisor of the interviewing staff, and four psychiatrically trained case-workers who served as basic interviewers.

The need for the service rendered by the center became obvious almost as soon as the doors were opened on April 3, 1944. On October 1, which marked the end of the six-month experimental period, the New York War Fund undertook financial responsibility for the center's expanded program. The agencies that have contributed staff will continue to do so. The interviewing staff now consists of three receptionists, eight special consultants, and nine basic interviewers.

During the first seven months of operation, more than 20,000 veterans have come to Veterans' Service Center. This is not a net figure since some veterans may have visited the reception desk more than once. Individual records are kept only for those referred on for interview beyond the reception desk.

More than half of the 20,000 have been helped by the receptionists with simple answers to questions such as: "How do I apply for mustering out pay?" "They tell me I should

get my discharge papers recorded. Where do I have to go for that?" "Where do I get a photostatic copy of my discharge?" "I lost my discharge button. How do I get another one?" Before man-power controls were relaxed for veterans in September of this year, there were many questions about releases, statements of availability, and essential versus non-essential industry. The receptionists handle these questions quickly by giving factual information or by referring the veteran to the appropriate agency.

It is disturbing to realize, as we frequently do, that the Veterans' Service Center is too often the fourth or fifth place to which the veteran has come for information. He may have had only a simple question that lost its simplicity as it went unanswered for days or weeks. When the center was first opened, we found that many veterans had wandered about town for months with their questions unanswered. More recently they have been coming to the center very soon after discharge, many of them still in uniform, with campaign ribbons and citations becoming more numerous.

We have frequently been asked how veterans happen to come to the center. We have had both press and radio publicity. Many have been referred by the army separation centers and by naval, Marine, Coast Guard, or air-force discharge points. The United States Employment Service, the Selective Service, the Army Personal Affairs Division, the veterans organizations, the Veterans Administration, and other service-connected agencies frequently refer men to us. More recently a common answer to the question, "How did you hear about the center?" has been, "My buddy was up here and you helped him, so I thought I'd come in, too."

When a man comes in, if he has a request that cannot be met by the receptionists' card file of factual information, he is invited in for an interview. He may say, as many do, that he wants to find out about government jobs because he thinks civil service might be safer after the warboom ends. *He* would be seen by our civil-service consultant. Or he may want information about trade schools, in which case he would be referred directly to our educational consultant. He may inquire about the conversion of his government insurance or about mustering-out pay that has been delayed, or about back pay, allotments, or his claim. Our very busy consultant

on veterans' services takes care of these and many other service-connected problems.

The basic interviewers—i.e., the case-workers—see all those who indicate personal, family, financial, or other related and sometimes unrelated problems. They have even had to become skilled in helping a veteran obtain a priority for the refrigerator he must have before he can move his wife and baby into the home he will buy with the G.I. loan he hopes to get.

Public Law 346—known to every service man as the G.I. Bill of Rights, and understood by very few of them—has opened up a brave new world for many veterans, especially the younger men and women. Case-workers are not usually familiar with the laws of our land, but as basic interviewers at Veterans' Service Center, they have had to study and learn all the "provided fors," and "whereas's" of *this* law because almost every veteran is affected by it in one way or another. Public Law 16, which provides vocational rehabilitation for disabled service men who are found to have vocational handicaps, offers much to veterans who are eligible.

The Oxford English Dictionary tells us that "to rehabilitate is to restore to a former state, capacity, rank, etc.; to reinstate." The dictionary gives it an external quality, as if it were something accomplished by decree. Too often, in talking about the rehabilitation of returning service men, we fall into the same error. Unless we see rehabilitation as a joint undertaking on the part of the veteran and those responsible for helping him, we defeat its purpose. Vocational rehabilitation can mean the opening up of a new way of life, a way of life that may be more satisfying and rewarding than the veteran's former state. But it can be achieved only as a joint enterprise, not as something that is done *to* the veteran. A true understanding of all opportunities open to veterans is the framework within which individualized service to the veteran must operate, if it is to give him intelligent guidance. Unless one is familiar with or able to obtain accurate information about veterans' rights and benefits, one is unable to give the veteran truly complete advice and constructive help.

We know, of course, that both the army and the navy are making every effort to give service men and women complete information about their rights and benefits prior to their

discharge from service. We know, too, that the separation-classification centers in the army and the civil-readjustment centers of the navy are making serious efforts to counsel the men and to steer them to civilian resources. But it is our feeling that the services will always find it difficult to do as complete a job as they would like because they suffer from a serious handicap. Many of the men whom they see have a disease that has come to be known as "discharge fever." They are eager to get home and seem almost immune to information or guidance during those last days or weeks. The about-to-be-discharged soldier or sailor is restless and impatient and certain that everything will be fine once he gets home.

But once the home-coming festivities are over, the petty annoyances and major difficulties begin for the service man. Too many questions or not enough are asked about his campaign ribbons. Mom clutches at him in a way that disturbs him. The boys are not hanging out at the drugstore; they are still in service. The girl friend does not look as beautiful as she did in his dreams. The wife he married on a furlough and lived with three days has habits and mannerisms that disturb him. The jobs that pay big money are not as plentiful as they seemed from the South Pacific. He may have promised himself a month or two of complete rest, only to find on his return that even a week of inactivity is too much. "I'll go nuts if I don't do something soon," is a common refrain.

There are many youngsters of eighteen and nineteen coming back to-day whose problems are numerous. They went away schoolboys and returned men. They do not want to go back to high school with the kids; they want accelerated courses. Many of them want jobs plus part-time training. When there is basic stability with only a situational confusion and bewilderment, it is possible to work out plans that are realistic and satisfying. But it is not so easy to help their families understand them as they are to-day. In her joy at having Sonny back, Mother frequently overdoes the welcoming and coddling, and all too often Father feels it necessary to play the heavy-handed parent in an attempt to reestablish his authority. The boys can be helped to understand it and to make peace with it sometimes; at other times it may be neces-

sary to refer the young man to a case-work agency for help in dealing with the situation.

We have seen a surprisingly large number of youngsters who received minority discharges when they were discovered to be under-age. One not-quite-sixteen-year-old sergeant who came in recently presents an exaggerated picture of these youngsters. He had been in service nearly two years and was an *old* soldier. He raised an interesting question on which we had to consult both the board of education and the Veterans Administration. Was a boy who had not yet reached the legal school-leaving age entitled to education under the G.I. Bill in an institution of his choice, or should he be hustled off to the nearest junior high school? Was he, as an honorably discharged veteran, entitled to subsistence allowance under the G.I. Bill while attending school? Those were minor problems and easily solved. His behavior, however, was by no means a minor problem. He persisted in wearing his uniform to school; he swaggered up and down the corridors, ridiculed the teachers who were 4F, and informed them forcefully that *they* could not tell *him* what to do. Obviously this was a mixed-up, disturbed youngster who had met his personal problems at the ripe age of fourteen by running away to join the army and who was no better able to meet them on his return.

In both these groups, the late adolescents and the youngsters discharged for minority, there is a tendency to solve difficulties by leaving home. We do not have complete statistics, but the interviewing staff believes that an increasing number of these boys are coming to New York from all parts of the country. Their stories are strikingly similar: the home town was dull and boring, the family could not accept the veteran's changed status and feelings, opportunities were limited. And thus we see the beginning of a dangerous pattern.

Some of those who leave home are older men whose difficulties are related to the neuropsychiatric conditions that caused their discharge from service. Typical of the group was a man of thirty-two, who was depressed and anxious, and wept as he described his difficulties. He had been in service for two years, had fought through the Tunisian campaign and received a citation for bravery at the Kasserine Pass. He had been discharged after lengthy hospitalization

and later had been granted a 60 per cent disability pension for psychoneurosis. He was also eligible for vocational rehabilitation, which he was not able to use because, in his own words, he was too "jittery." He had left his wife in a small community in the South and had come to New York to try to pull himself together.

He told of a pleasant early married life, with normal interests and no apparent personal problems. He thought that had his wife been understanding and helpful when he first returned, he might have been able to make a go of things, but she could not understand his restlessness, the mood swings that he suffered, and his general irritability. He was afraid that they would never be reconciled. He had been out of service for about four months, and during that time had held six different jobs. He wanted us to help him, but was not sure that we could. Apparently he had worked some of this out for himself before he came because, with relatively little difficulty, he was able to verbalize the fact that planning for employment or retraining would not be possible until he had had some kind of treatment for his "nerves." A clinic appointment was obtained, and on the occasion of our last follow-up, he seemed to have begun to make progress.

Wives and mothers of service men have come in with or without the veteran to ask for help in handling changed attitudes and behavior. Occasionally we are able to arrange psychiatric consultation for the woman, who later can draw the veteran into treatment. In other instances the case is referred to a family agency.

The staff of the Veterans' Service Center has not known a working day during these seven months when the value of a central agency of this kind has not been manifested. It represents a first step in the veteran's gradual return to civilian thinking and adjustment. It offers him accurate information and an opportunity to consider alternative plans and to look at the total of his needs realistically. We have had numerous letters from veterans thanking the individual members of the staff for their assistance, all of them emphasizing one point—that a visit to the center had meant the difference between the "run-around" that they had feared and a direct route toward the next step.

We have frequently been asked whether we notice any characteristics that are common to the thousands of veterans who have come to the center. We have also heard, all too frequently, the rather smug statement that veterans present a problem to the civilian community—*i.e.*, that there is a veteran problem. We are sure of very few things at the Veterans' Service Center because we are learning all the time, but there is one thing that we are extremely certain and emphatic about—there is no such thing as a veteran problem. Veterans are not problems unless we make them so. Veterans are people with all the problems that other people have and some special problems that *they* have because of what they have been through.

Veterans are not hostile, bitter, angry men, as they have been called, until we give them reason to be hostile, bitter, or angry. They are dazed, many of them, a little slow, rather dependent and ambivalent. But in using the terms dependent and ambivalent one must be careful to make a distinction between their use as it relates to civilians who have always been responsible for their acts and choices, *and* as it relates to men who have for years been required not to think or choose or be responsible for their own lives. We have been impressed by the terrible urgency that many of them display. They must make plans and carry them out immediately, and by immediately we mean at once, not to-morrow or the day after. It is as if they were trying to make up for all the waiting and the slogging through mud and the sitting in fox holes that has been their lot in recent years.

What might be called a post-discharge syndrome is seen frequently at the center—restlessness, sleep disturbances, irritability, hypersensitivity to noise or crowds. This combat-induced symptom picture improves rapidly when the environment is favorable. We have encountered it in all variations and have gradually learned to understand and evaluate it.

Of all the groups of veterans whom we have seen, those who served in Iceland or the Aleutians appear to have been most severely traumatized. They talk to us about it, but find no words sufficiently graphic to describe the peculiarly maddening boredom of the years spent on those outposts. Several of them have indicated that perhaps the worst of it was that

there was no opportunity, as there is in battle, to release hostility and to do something furiously if only for a short time.

Service men who are being discharged to-day have difficulties that may not exist when actual demobilization takes place. They seem perhaps a little more out of step with things. They do not have the support of their buddies. They are lonely, and unless there is a visible physical handicap, there is a need to justify the discharge. It has occurred to some of us that the unconscious need to cling to the physical condition that precipitated discharge is greater now than it will be when hostilities cease.

A day at the Veterans' Service Center gives one a feeling about the men who are coming back that no paper description can offer. One should see them come striding in at the door and then joining the nearest line. Their tendency to line up and ignore the chairs that are on either side of them disturbed us at first until we realized that they had been standing in line for years.

They obviously need one another. In the lounge in which they wait for their interviews, there are always conversation groups exchanging war experiences. We have been asked a number of times whether there are canteens for veterans, places where they might go to swap stories. The veterans' organizations, of course, offer just that kind of opportunity to meet fellow veterans and exchange experiences. As we see the thousands of men—and see some of them again and again as new problems arise or new legislation is passed requiring new interpretation—it becomes obvious that they are taking hold of their civilian responsibilities and habits and that they will be full-fledged civilians soon, saving their veteran status for later get-togethers and mutual help and understanding.

↓We can speed that process of readjustment. But good will alone will not do it. We must translate our good will into concrete action. We must reach out to them to help them find once more a useful and productive place in the social, economic, and political life of America. This is our duty and our privilege.

COMMUNITY RESPONSIBILITY FOR NEURO-
PSYCHIATRIC DISCHARGES *

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IT was a familiar voice, but a strange epithet that attracted my attention one morning this summer when I turned to hear a neighborhood delivery boy hail a co-worker, "Hey, neurotic!" In so little time has a quite unfamiliar word found its way into the everyday language of the people, with other war words—logistics, materiel, echelon; easily parroted, quickly bantered, but, I am afraid, poorly understood. It is perhaps wise and necessary that the masses of the people should become acquainted with such terms as psychoneurotic and psychopath. If the slick magazine and radio exploitation of the interest in these problems impresses us as something less than disciplined and—shall we say?—ventures considerable distortion and false emphasis, perhaps it is better that people should learn bits and pieces of half information than be always shut out from considerations in which they have so much at stake.

The instruments for the dissemination of such knowledge may be questioned, and perhaps one might wish for less strident voices to carry the message, but no one would deny a certain over-all usefulness in these attempts to light some of our psychiatric bogey men out of their darkness.

But this very easy familiarity—this curbstone and drawing-room bantering of technical language and thought as if it were as simple as the shouting in magazine, radio, and news digest would suggest—must not be accepted too readily as an index of a successful campaign in education for tolerance and understanding of the problem, although superficially it may seem so.

* This report is based on a study conducted under the auspices of the New York City Committee on Mental Hygiene of the State Charities Aid Society, with the aid of a grant from the Commonwealth Fund. It represents a joint undertaking of the entire staff, and I am indebted to them for the privilege of presenting this communication, which so largely reflects their efforts. The staff consisted of the following: Louisa Blaine, Raymond Franzen, Clara Rabinowitz, Ruth Valentine, and Rae L. Weisman. They were assisted by an advisory committee—to wit, the Committee on Psychiatric Needs in Rehabilitation, a subcommittee of the New York City Committee on Mental Hygiene, under the chairmanship of Lawrence S. Kubie, M.D.

Somewhat to the contrary, one already senses a certain boredom with the problem of the discharged and rejected psychoneurotic. Much more dramatic casualties are, unfortunately, already among us in large and ever-increasing number. They understandably attract greater interest and certainly great curiosity. Other phases of the problems of the rejected and discharged man lend themselves more quickly to exploitation and dramatization. The slogans and the catch phrases seem to have passed the psychiatric casualty for the moment.

The very emphasis that was necessarily and properly placed by all of us on a certain universality of neurotic difficulties in the population has, I believe, played a large rôle in this phenomenon of which I am speaking. So often and so vigorously did we reiterate that the men rejected or discharged for neuropsychiatric reasons are merely the counterparts of the neurotic found ubiquitously in our civilian population that we have contrived a certain too-easy acceptance of the problem and risked a too-facile attempt to minimize a responsibility.

True, we found ourselves in an unfortunate dilemma: we were very anxious that the community should accept the fact that the psychoneurotic is a person who can function quite adequately in his job, his family situation, his community. We were not prepared—and perhaps it would not have been wise—to attempt to qualify or to define this generalization in more exact terms. Certainly it discomforted many of us who were most eloquent in its dissemination.

I do not now, nor did I ever, question the tactics of this approach. But a problem that, by our own statement, was so common and so long treated with relative apathy and indifference, and for which we had supplied such meager facilities and resources, was not one to which we could now turn emphatic attention. Certainly, even in professional circles, there is a dangerous unawareness; or do I mistake for this the timidity imposed by a clearer vision of the appalling immensity of the problem of the psychiatric casualty? Where we might look for the highest degree of understanding eagerness, we find a certain weariness—already! *And everywhere we seem to have familiarity, but not knowledge.*

Even in 1943, it was apparent that psychiatric casualties—using that term now for all those discharged from the service

for neuropsychiatric reasons, non-service as well as service connected—would stand high among all causes for discharge. And we knew the appallingly large numbers of men who were being rejected for neuropsychiatric reasons. A nation accustomed to a certain complacency about its health could not but be disturbed by these somewhat frightening evidences of its lack of mental and emotional fitness.

At the same time it also became apparent that it would be necessary at the earliest possible moment to formulate a program for the adequate care of the men rejected and discharged from the services for neuropsychiatric reasons. All of us who work in mental hygiene—physicians, social workers, educators—knew of the tremendous demand for psychiatric services and the great lack of such facilities. There now was ahead of us a tremendous new case load in the psychiatric casualty and a great and at least somewhat aware group among the rejectees. Clearly there had to be a program to meet these new demands now added to the old.

Programs require exact knowledge if they are to be wise and appropriate, and no plan can suitably be proposed that is not cemented in facts.

It was to acquire such a detailed fund of exact knowledge that we began this study, some aspects of which this communication briefly reports. The study deals both with men rejected for service in the armed forces for neuropsychiatric reasons and with those discharged for such reasons, as well as certain comparison groups, but this paper is limited to the discharges.

It must be mentioned, however, although it will not be possible to document the statement at this time, that the over-all problems of both groups are in many aspects strikingly similar, often with an unexpected statistical exactness. The great difference is one of responsibility, the rejectee group being wholly the concern of the civilian resources, the discharges, at least in part, the responsibility of the several governmental agencies assigned by law to deal with them. But it is important and necessary to bear in mind that much of what we shall say of the neuropsychiatric discharges applies equally well to the rejectee and thus lends emphasis to the dimensions and the immediacy of the problem.

It was originally intended to study in this aspect of our

investigation five hundred men who had been discharged from the army (this study was restricted to the army) within six months of induction during the period from October, 1940, to June, 1943, and whose disabilities were presumably non-service-connected. This limitation grew out of the purpose of our study: to suggest a program that would apply essentially to *civilian* agencies and resources. Technical exigencies in the construction of the sample to be studied required that certain liberties be taken with the formulated time period and with the strict interpretation of the service-connected qualification. The reasons for this, as well as the details of the sampling method, will be presented soon in the official report on the study.

As a result of these factors, a total of 309 discharges were studied intensively. The sample has been thoroughly tested by our statistical consultants and found to be adequately representative in all known aspects of the problem involved.

Before we burden you with statistics, we must venture a few definitions. We should like you to be assured that our conclusions are based on as rigid criteria as the complexities of the problems of personality permit and, therefore, we submit these attempts specifically to delimit the sense in which our categories are used.

We use the term "*need for help*" to indicate that an individual suffers from an existing present handicap which can be ameliorated only through one or another of the methods of treatment indicated.

We use the term "*wants help*" to indicate either that the man is eager for help or that he will accept the help that has been suggested to him.

Since our study concerns itself with the task of assaying the demand that the community must reasonably anticipate meeting, we have finally to define what we call the "*effective demand*," by which we mean the numbers of men who have a need for help and will accept it—i.e., *the actual demand on the civilian community for specific treatment or assistance of one kind or another*. It excludes those who had an obvious and present need, but who were unable to acknowledge that need or to accept the recommendation that they seek treatment. Furthermore, we have tried to allow ourselves no conjectures or prophecies as to the needs that may arise in some

more or less distant future. The term represents specifically and concretely an immediate demand which exists to-day through the fact that men require assistance and will presumably accept it if it is made available.

The method of the study, briefly, was as follows: In a series of letters, men chosen for study were requested to come in for interview. They were first seen by one of the psychiatric social workers for an interview that often lasted an hour or more. In cases that presented special problems or that raised certain questions in which we were specifically interested, the man was referred to the psychiatrist or to the psychologist or to both. The criteria for these references and similar questions will be discussed in the formal report already mentioned. This paper will restrict itself to those aspects of the study which are germane to the issue of community responsibility.

Of the 309 men studied, 51 per cent had been discharged for psychoneurosis; 27 per cent under Section VIII; 10 per cent for various neurological conditions; 6 per cent under Section II for medical reasons associated with neuropsychiatric problems; 5 per cent for psychoses; and 1 per cent for psychopathic personality. The group, therefore, includes an adequate sampling of discharges under Section VIII (this section provides both for "white," or honorable, discharges, for so-called "inaptitude," and "blue" discharges without honor for "undesirable traits of character") and under Section X ("at the convenience of the government") where it was determined that the reason underlying the discharge was some form of emotional or mental disturbance. It does not include the men discharged solely for mental deficiency, who were included in a group of those rejected for this reason and similarly studied. This, too, will be reported on elsewhere. This group obviously presents serious problems unique in many respects and of considerable importance.

Of the 309 men under study, 254, or 82 per cent, were thought to need some form of psychiatric assistance. This included psychotherapy, psychiatric exploration (by which we mean the attempt more accurately to gauge the nature of the disturbance present and to arrive at a conclusion as to the indicated therapy), and psychiatric case-work. We have estimated that there have been approximately 48,000 men discharged for neuropsychiatric reasons in New York City in

the period from October, 1940, to June, 1944. According to the figures revealed in our study, about 80 per cent of these, or 38,500 men, require some form of psychiatric treatment. Of these we estimate that 25 per cent may be expected to admit their need and seek help, representing a total immediate load of approximately 10,000 men. Of these, only 2,000 (at the very most) are receiving any form of help and this chiefly from private psychiatric sources. You may accept it as fact that we have stretched our definition of what constitutes psychiatric help generously indeed—perhaps too much so! At any rate, whatever bias these figures possess is on the side of a very liberal estimate as to what comprises psychotherapy. Three-quarters of these men, or 7,500, are without any psychiatric help whatsoever.

A few further facts about this group may prove helpful. Of all those who needed psychiatric services, 45 per cent had a history prior to induction of mental or emotional difficulties that in our opinion would have been sufficient for rejection, and in a further 35 per cent the history was uncertain. In only 20 per cent was there no such history prior to induction, and presumably these men would never have needed psychiatric help had it not been for their army experience, although it is perfectly possible that their emotional and mental difficulties might have been accentuated in any situation of tension and crisis.

One further aspect of these data should be emphasized since it presents a difficult and basic problem. We found that of all those men who were thought to need psychiatric help (38,500), 10,000 wanted it, but the rest did not want any such help. This is a problem well known in ordinary civilian practice, private and clinic alike. Many factors probably are responsible for this situation. There are certain important difficulties unique to the structure of neuroses and the task of getting well that undoubtedly play an important rôle. Partly, it reflects the ignorance and bias of the community and our failure at education of the people. The medical profession itself is by no means free of these biases; it, too, needs much education in this area. It was found, for instance, that 23 per cent of the men with psychiatric needs, or 9,000, were receiving whatever care they were getting for their psychiatric difficulties from their family physicians, and that

of these men 85 per cent refused more specifically psychiatric treatment, presumably because they were either satisfied with the treatment they were receiving, because they thought medical treatment avoided the stigmatization of being "mental cases," or because they had not ever been made aware of the resources for psychiatric treatment.

A further fact in this connection deserves mention. Our interviews with these men were primarily for the purpose of obtaining information and we did not consider it a direct responsibility of our staff to try to direct them to adequate psychiatric treatment. Among other factors, their already existing relationships with their doctors and social agencies precluded such intrusion on our part. We often felt, however, that had we or other trained workers been given an opportunity to work with these men under other circumstances, their resistances to psychiatric help could in many cases have been overcome.

But, in addition, special factors undoubtedly play a rôle in the case of the dischargee. Many of our men had been told at the point of discharge not to seek psychiatric help—to fight it out by themselves, or to get a job and forget about it, or, sometimes, not to get a job, but just to take it easy. A study of the relationship between the advice given to the man at the point of separation and his attitude toward accepting psychiatric help revealed that more than half of the men given appropriate advice wanted help, but less than one-third of those who received inappropriate advice wanted such help.

The question has been raised—and it is by no means an unimportant one—should we attempt, as the whole of our responsibility to these men, merely to try to reestablish them on the level of functioning that they had attained before their induction or enlistment, or should we be more ambitious and attempt an approach that goes beyond that and that will attempt to make them more adequate humans.

It is quite true that a large number of them—between 50 and 80 per cent—had emotional difficulties before they entered the service and can, therefore, be considered "chronic" cases. We must always remember, however, that in many such nominally "chronic" cases the army experience has aggravated and accentuated the preëxisting condition, and that the men, on discharge, have not only those problems that faced

them before induction, but new ones as well with which to contend.

Sheer necessity must, of course, limit our ambition. There are just not enough facilities and trained men and women available at the present time to undertake the larger task. But we do not believe that we can stop with the mere acknowledgment of that fact, or take refuge in the concept of "chronicity." The conditions with which we deal are too costly in human suffering, economic waste, and family and social disruption to permit us to accept as our ultimate responsibility merely the restitution of the *status quo*. While we acknowledge the current limitations and difficulties, we feel it imperative at least to chart the scope of the larger problem, and our figures on need for psychiatric help are based on the long-range goal of substantial and basic readjustment.

The importance of this greater need is well illustrated by a consideration of the problem of vocational adjustment in the dischargee group.

Over one-third (36 per cent) of the 309 dischargees were found to be in immediate need of vocational help—either training, placement, or guidance. Without detailing the criteria for this estimate, it may be stated that we considered a man in need of vocational assistance when in our judgment his vocational situation prevented him from producing at a rate commensurate with his capacity, or did not afford him the normal work gratifications of which he was capable—i.e., a situation in which a change in vocation, the acquisition of greater skill in the same vocation, or a new placement would increase the subject's productivity or aid his adjustment. If we use the same base figure of 48,000 as the total of neuropsychiatric dischargees in New York City, this group would represent a need for vocational help on the part of approximately 16,000 men, of whom about two-thirds, or 10,000, want such help. Of this number, 15 per cent, or 1,500, were found to be receiving some sort of vocational guidance, leaving here, too, a staggering number (over 8,000) without necessary vocational help of any kind.

Included in this total group with need for vocational help are men with "post-war vocational need," by which we mean men now employed at adequate productivity whose work his-

tories show definitely that even in the "normal" years of a peace economy they would represent a need for vocational help. With the most conservative estimates, we found that 13 per cent of the men studied will certainly need vocational help in the post-war period, and undoubtedly should be receiving it now in anticipation of such displacement. This represents a projected number of over 6,000 men.

In addition to this more immediate need, there is a special category we have designated as "post-psychiatric" need for vocational help. It is obvious that many men who think of their problem as vocational—and who, indeed, may persuade others of this—have primarily a psychiatric problem of which the vocational maladjustment is merely a reflection—a "symptom" of their illness, if you will. Thus, a man with a paranoid trend in his thinking may change from job to job actually because of recurring suspicions directed toward bosses, foremen, and fellow employees, and rationalize his difficulties in terms of job (situational) handicaps. Or, again, a phobic, trying to escape the anxieties induced by threats to his defensive attitudes, may entirely unconsciously find difficulties in successive jobs because of illness and not, as he believes, because of the job situations themselves.

This group is a large and important one. If the attempt is made to deal directly with the problem in terms of vocational maladjustment, much of this costly, time-and-energy-consuming effort is inevitably wasted, and the best attempts result in disheartening failures. Only after some insight into the basic emotional difficulties has been gained, and an attempt been made to deal with them, can any suitable vocational help be effective. Optimal vocational help must await substantial relief of the symptoms basically responsible for the vocational difficulty.

If these men are included in the vocational-need group, it is increased to over one-half of all neuropsychiatric discharges. Of this large number estimated to need vocational help, one-third can use it only after they have had the advantage of psychiatric assistance—a potential group of about 8,000 men. It should be further pointed out that 35 per cent of this group who will need vocational help after psychiatric assistance has been provided had been unemployed from the time of discharge to the point at which they were interviewed.

Emphasizing the conclusion that these men present a real problem is the significant finding that over half of them (53 per cent) report that special conditions are necessary for employment. These are the men who can work successfully only for relatives or friends who are lenient in their demands, or who work and rest at odd intervals only because "they [the bosses] can't help themselves now." Other times, other necessities; this type of employment is essentially a war-time luxury, not to be anticipated even in the optimal full employment of post-war years.

These are but two aspects of our problem. In addition to their need for psychiatric help, for psychiatric case-work, and for various types of vocational service, the group of discharges present special needs in the fields of education, medical care, group activity, recreational opportunities, and so on. These are all important aspects of the larger problem, as are many others that we will not have an opportunity fully to discuss here. For instance, the men with so-called "blue" discharges present a problem of their own, serious and dangerous. These men, discharged without honor for undesirable traits of character, include the homosexuals, many enuretics, alcoholics and other addicts, and some plain, ordinary psychoneurotics and psychopaths. Whatever the exigencies of military need that dictated the use of this method of separation, few among us would hesitate to call the great majority of these men "sick." An enlightened psychiatry cannot do otherwise.

But the plight of these men will not be rectified by belated psychiatric insights. Until recently they did not share the privileges and rights of veterans and even now do not do so entirely. They bear the stigmatization of an "other than honorable" discharge and must face all the problems of explanation at home, especially when the reason, such as homosexuality, has been a guarded secret. Their job problem is much more difficult, as they are often regarded with suspicion and distrust. They need a special kind of psychiatric and vocational help attuned to their difficult situation as well as to their illness.

There are many other problems that we should have liked to discuss, such as the pre-induction criminal records of these men and what was done or left undone in handling this prob-

lem; the problems of illiteracy; the apparent ineffectiveness, at least in a fair proportion of this group, of trade-school training in the prevention of vocational problems; and the record of social-agency efforts for these men and their families in the years preceding their induction.

It has now become a truism that psychiatry, especially in this country, received one of its greatest stimuli as a result of the shock of realization, in World War I, of the extent of the neuropsychiatric problem. It will be equally true of the present war that it has presented to psychiatry in all its disciplines and groupings the greatest challenge and opportunity it has yet had.

It is not enough that we merely contemplate such conditions as this study has revealed. Unless we are to become mere Jeremiahs, bemoaning our helplessness, the staggering proportions of the load must be soberly assayed and energetically translated into a program for action—a program both ambitious and brave.

Clearly we have two problems. The one with which this report is primarily concerned is that of the adequate care of the neuropsychiatric discharger. Whatever the reservations in our thinking as to the proper techniques for the division of this responsibility, no one of us would deny that this group of men have a special call on our skills and energies. We should be derelict to our responsibilities were it otherwise. But we can and should exploit the inescapable recognition of the discharger's needs for the extension of the same knowledge and wisdom to the needs of the entire community.

What, then, does the community owe to the discharged psychiatric casualty? First, and most obviously, adequate care, in whatever measure it can be made available. As we see, this is at the moment not too hopeful. Where the energies of trained psychiatrists, social workers, vocational experts, and so forth, are made available, excellent and encouraging results can be obtained. Such results as those obtained at the Payne Whitney Clinic are encouraging and yet at the same time very discouraging, since they can but make us unhappy that such facilities are not available everywhere. We must demand, cajole, and plead for the means that will enable us to use fruitfully at least those services and devices that are

available and to undertake the training of ever-increasing numbers of workers.

The outlines of our task are familiar: We need a reasonable agreement on a body of psychiatric and mental-hygiene principles to which all of us can subscribe. We need the aid of those skilled in the arts of communication to teach us how these things may be told to the people. As psychiatrists, we have been reluctant to tell what we hold to be valid; we need to face our obligation to share these wisdoms, partial and incomplete though they be. We need, if I may venture to repeat so familiar a truth, many, many more psychiatrists, psychiatric clinics, psychiatric social workers. How many? There can probably never be enough, so let us not falter at such conjectural beginnings. We must manage their training, equip their strengths, for the need is great, as we see more plainly than ever, and the time is short. We need experiments with new and, hopefully, shorter techniques. We need a new concept—braver and bigger than the modest proportions of our older conceptions.

If our peroration seems to have taken us far from consideration of the sober figures earlier presented, it is because we feel that in these directions are to be found the finest use to which the challenges offered by those figures can be put. Rhetoric will not solve the problems of these men; perhaps it can catalyze us into the beginnings of a fruitful program.

REHABILITATION OF THE PSYCHIATRIC CASUALTY

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THE present war has brought to acute focus the incidence of mental ill health throughout this country. The findings of psychiatric difficulties among men rejected for service, and among those at present being discharged from service, give some indication as to the extent of the problem that has always existed in this country and the additional burden to be met, although not too exact an analogy can be drawn between civilian needs and present veteran problems, since in the latter we have been concerned with fitness for warfare, not fitness for peace-time living.

What has this army evaluation revealed? As of June, 1944, fifteen million men had been examined by armed-forces induction stations, and a total of 4,217,000 had been rejected. Of this group, 701,700, or 16.6 per cent, were rejected for mental diseases, and 582,100, or 13.8 per cent, were rejected for mental deficiency. Thus, 30.4 per cent of the men who were being tested for adequacy for the fighting forces were found inadequate on one or another neuropsychiatric basis. Neuropsychiatric illness constitutes the largest single reason for rejection.

The rate of discharge for neuropsychiatric disability from the armed services is, as one might expect, somewhat higher—44.6 per cent of all disability discharges, neuropsychiatric illness thus constituting the largest single reason for discharge. At the present time, well over 300,000 men have been discharged for neuropsychiatric conditions. An estimated 200,000 a year will swell this total, and these figures do not

* This division has been made possible through a grant from the Commonwealth Fund.

include vast numbers of men discharged for physical reasons in which the emotional component is great, those discharged for ineptness and undesirable traits of character, and certain other categories that are heavily loaded with psychiatric problems. A colossal new problem has been created in the field of mental health.

These figures would undoubtedly be higher were it not for the outstanding job of rejection accomplished by Selective Service. The psychiatric screening process of Selective Service is one of the real achievements of psychiatry as it relates to the war effort. The emergency facing us now is to create facilities for the care of these psychiatrically disabled veterans, in the face of the obvious fact that pathetically inadequate resources exist and that the personnel to carry out the job has never been trained or developed in sufficient numbers.

What can be expected from the treatment of these men? At the New York Hospital, a clinic for rejectees and discharged veterans has been operating for over a year, under a grant from the Commonwealth Fund. The experiences of this clinic to date will point up the problems encountered in the veteran group. Already 380 cases have been admitted for study, comprising all types of psychiatric condition, from acute psychoses to psychosomatic disturbances. The total number of clinic visits has been 1,100. Eighteen cases have been seen of so-called "battle fatigue," a more or less specific syndrome of overwhelming anxiety, nightmares, exhaustion, and restlessness, occurring essentially in men with good previous personality organization. These cases should be looked upon as different from the ordinary psychoneurotic reaction. A large number of patients fall into the group of anxiety neuroses, with a limited number of cases of hysteria and obsessive-compulsive disorders. There have been a few epileptics, a fair sprinkling of psychopathic personalities and alcoholics.

It could hardly be expected that all these patients would be found suitable for treatment. Certain criteria for treatability begin to emerge. Interestingly, some of the psychotic states do well under therapy; acute schizophrenics have responded surprisingly well, as have states of reactive depression and recurrent depression. The best prognosis is obtained

in the psychoneurotic group and preëminently in the anxiety neuroses. These and the "battle fatigue" cases would seem to have the best prognosis. The hysteria cases do less well, with 50 per cent showing improvement. The obsessive-compulsives do even less well. The poorest prognosis is found in the serious hypochondriacal reactions. Concerning the group of psychopathic personalities, alcoholics, and sexual perverts, the impression is that their prognosis is dubious from the point of view of rehabilitation therapy.

Prognosis is better in those cases in which the illness is clearly an acute upheaval in relation to war stress. Between 75 and 80 per cent of our cases, however, gave a history of difficulty antedating service. This means that, in the main, we are not dealing with acute reactions, but rather with exacerbations of long-standing reactions. Prognosis would seem better for any man who had no history of previous neurotic difficulty prior to service and no history of childhood neuropathic difficulties.

In the beginning, 25 per cent of the men registered failed to show up for therapy. We know from other studies that only about one-third of the men who need treatment actually want it. There is real need for thorough preparation of the men by the referring agency for acceptance of psychiatric help. With the establishment of a careful, sympathetic social-work history prior to the psychiatrist's interview, our percentage of failures has greatly diminished.

Two groups of patients have occasioned us increasing concern. Some of the Section VIII discharges were clearly sick individuals and by all rights should have had a certificate of disability discharge. These men must be given an opportunity later to appeal their cases and alter their status, which is so crippling to civilian readjustment. An increasing number of overt homosexuals have been seen, in some of whose cases marriage and a presumably satisfactory heterosexual adjustment had prevailed prior to the army experience. Again, unfortunately, the army policy is not clear as to their discharge status; some of them have been given an honorable medical discharge, others a Section VIII discharge, largely based on the personal bias of the commanding officer or the examining psychiatrist. It would seem only fair that all these men be accorded the same discharge status, and the

army should decide whether it considers the problem a moral-ethical or a medical one.

The clinic organization, which functions one evening a week, has evolved as specific needs have been encountered. It began with twelve volunteer psychiatrists and six volunteer social workers. Very soon we had to expand. More social work was necessary, particularly work with families. To allay boredom and restlessness during the evening, three occupational therapists volunteered to conduct simple occupational therapy, chiefly clay modeling and finger painting. Some of the drawings done by men who had been through battle situations are dramatically expressive, and this form of artistic outlet has a definite therapeutic value.

A growing need was discovered for careful intelligence testing, aptitude testing, evaluation of personality make-up, and Rorschach determinations. This led to the addition of three psychologists. As we encountered an increasing number of somatic problems, an internist was added to the staff. His contribution has been of the greatest importance. Several cases of malaria were discovered that needed therapy, and other somatic conditions needing treatment have arisen, such as active syphilis, arthritis, orthopedic difficulties, hypertension, hypoglycemia, acute appendicitis. Very often psychotherapy is blocked until this careful somatic review is conducted, since the men frequently have physical complaints of a hypochondriacal nature and are not satisfied with the medical work-up given in the service.

One of the most important problems encountered has been that of employment. These men commonly give a story of restlessness, frequent changing of jobs, overreaching in their expectations as to salaries, refusal of work by their previous employers due to their psychoneurotic diagnosis, and so on. To help these men plan more wisely in their choice of employment, an employment counselor of the United States Employment Service was made a member of the staff, to whom all employment problems are referred, with appropriate psychiatric interpretation of the needs. This does away with the necessity of the man's making a new contact with another agency.

Patients are seen by appointment after being referred from city agencies, mainly now from the Veterans' Center. A full-

time social worker interviews the man at any time during the week prior to his psychiatric interview. Her history as to his army experience and past record of family set-up, education, and occupational record enables the psychiatrist to focus immediately on the therapeutic project at hand.

Recent inquiries from the Federal Vocational Rehabilitation Bureau and the Veterans Administration as to cost per patient led to an evaluation of the time allotted to each man. The patients average four to six return visits. A few have been reoriented in a single consultation. A few have required fifteen or more therapeutic interviews. With costs computed on the simplest basis—salaries of psychiatrist, psychiatric social worker, psychologist, and secretary—the figure can be broken down to approximately \$8.00 per hour. If one includes the costs of building maintenance, heat, light, and so on, the lowest adequate figure arrived at for an initial thoroughgoing psychiatric consultation would be \$15.00. The range would be better calculated at \$15.00 to \$25.00.

After the initial psychiatric survey and review by the staff, the veteran is ready for individual therapy. The problems on return to civilian life are surprisingly alike. There are the shame and sense of stigma of a psychiatric diagnosis, the lack of understanding of it and anxiety about it; there are the restlessness, boredom, and sense of strangeness and loneliness in civilian existence; there are commonly resentment and rage at the army experience. This in some cases is so great and so obstructive to therapy that we are beginning the use of sodium-amytal interviews in the hope of achieving mass relief of rage and anxiety feelings. In addition to the floundering in work selection, there are the dissatisfaction with and disappointment in the reality of home, which has been too often idealized; the prevalent lack of companionship with contemporaries; the lack of social and recreational outlets; and the ever-present anxiety and over-concern of the family, so great that a number of men have begged us not to tell their families that they have sought treatment. This same anxiety is reflected in the number of men who come to the clinic attended by their mothers, wives, and sweethearts, many of whom have to be worked with in the actual treatment situation.

We are not able to describe with much specificity the treatment processes involved. Since over 70 per cent of these men

had manifested personality difficulties prior to their induction in service, we have not felt that our task was to make completely normal individuals of them. Rather, we have aimed to restore them to the best functional level possible considering their long-term difficulties, and frequently we have been satisfied if we have restored a man to a level as good as prevailed before induction. General psychiatric treatment, we believe, includes attention to somatic functioning, the securing of appropriate employment, and the providing of recreation, social contacts, and outlets for creative urges, in addition to the actual psychotherapy with the man and the modifying of the family attitudes.

The first interview is directed mainly at a review of the army experience, the onset and development of the illness, the particular emotional factors operating, and a brief résumé of the past life and personality structure, the aim being to formulate a specific plan and program at the end of this interview. Every opportunity is given for the ventilation of resentment, anger, anxiety, disappointment, and discouragement. A very quick and strong and positive transference usually results. The man appears to be lost without the authoritativeness of army existence, and is quickly ready to form a strong relationship of trust and dependence upon his civilian physician. Considerable time is given to the understanding of the military situation and his reactions thereto. Every effort is made to encourage the expression of aggression and resentment. The physician makes note of the main areas to be explored in subsequent interviews.

A week's time elapses between interviews, which gives an opportunity for the settling down of emotional stirrings, and new problems encountered in the interval provide material for additional discussions. At subsequent interviews a more thoroughgoing review of the past life gives an opportunity to relate current emotional feelings to past behavioral patterns. It is surprising how quickly the actual army situation gives way to more basic problems related to the family constellations, to unsatisfactory sexual strivings, and to previous patterns of resentment, dependence, and affection. The army experience soon comes to be seen as part of the larger personality problem. The specific problems in adjustment to civilian life become focused.

The dream content is of great therapeutic importance in understanding anxiety. Symptom analysis aims to remove immediate symptoms in order that more general problems may emerge. The man is encouraged to assume full responsibility for his own active reorientation and is expected to make his own decisions, once the issues are clarified for him. Contrary to the procedure in military or ordinary civilian practice, the therapist must be prepared to deal with the powerful family attitudes toward war, army service, and disability, since these play so vital a part in the formation of the man's attitude toward his experience. Such active brief therapy calls for careful planning on the part of the physician; it requires skill in avoiding rutlike repetition of the same material; it requires caution in avoiding fixation of certain attitudes and persistent patterns and full awareness of the current reality situation as well as of past traumatic experiences.

Every effort is made to get the man back to work at the earliest possible moment, but to protect him from the disappointment of failure in undertaking work precipitately. One company has met the problem of restlessness by allowing its men three months during which they may change jobs as often as they wish. Most of these men find work, and are capable of working effectively. Indeed, the work record of the psychoneurotic is sometimes better than that of the so-called "normal."

Group-therapy methods can be employed if the cases are selected carefully on the basis of comparable symptomatic pictures and general intellectual level. Here, as in individual therapy, the same intense transference phenomenon is evident. The results of the first group of ten thus treated have been encouraging, and the method will be continued as a regular plan of therapy.

In dealing with so wide a range of disorders, it is difficult to speak of results. Many men clearly should be hospitalized, but they and their families often refuse it. The Payne Whitney Clinic has made available free inpatient care for about ten men if hospitalization is mandatory. More than one-half of the first 200 cases studied reported themselves, in a follow-up survey, to be either well or much improved. This includes some schizophrenics and reactive depressions as well

as psychoneurotic individuals. Individual rehabilitation is feasible and short-term methods bring proven results.

Rehabilitation activities cannot be the concern of the psychiatrist alone, since the number of psychiatrists available is hopelessly inadequate to meet the problem. Through the Division on Rehabilitation of The National Committee for Mental Hygiene, financed by a grant from the Commonwealth Fund, we have been able to see the problem from a wider horizon. The amount of interest evidenced is enormous and stems from such diverse groups as industry, labor unions, the United States Public Health Service, the Federal Vocational Rehabilitation Bureau, the Veterans Administration, the armed services, and state and community clinics and agencies.

Dr. Luther E. Woodward, field consultant, lists the major developments under three categories: (1) public education in interpreting the needs of returning men to the civilian population; (2) promotion of the establishment of the fullest possible clinical and related facilities; and (3) liaison service between the various governmental, professional, and other special groups. As he puts it, a major task is to interpret the needs of returning men to the civilian population. There is great need for better public understanding of the nervous casualty especially, but also of the normal adjustments that the average G.I. Joe has to make in returning to civilian life. From contacts with many citizens of many states, it has seemed that in the main the civilian population has too little understanding of the marked differences between military life and ordinary civilian living, and, for that reason, has inadequate appreciation of the adjustments that men had to make in going into the armed forces and the many adjustments that they must make in returning to civilian life.

A fair part of our work in the Rehabilitation Division of the National Committee has been directed toward the education of the public regarding the outlook, habits, attitudes, and acceptance of civilian status on the part of men returning from the armed forces. We are convinced that the degree of social adjustment that men returning from the armed forces make and the speed with which they do it depend to a very real degree on the understanding they find among civilians, and on the way the people at home treat them.

With understanding, reassurance, and constructive treatment, many of them achieve an acceptable status and carry on quite effectively after an adjustment period of a few weeks or at most a few months.

In the interest of such understanding and proper treatment, we have recently completed a popularly styled pamphlet comprising two talks for the families of returning service men, with the titles, *When He Comes Back* and *If He Comes Back Nervous*. The ways in which civilians can aid the returning service man has been the chief emphasis in most of the news releases sent out from the division.

We have been concerned to promote the establishment and the fullest possible use of clinical and related facilities. Partly at the request of neuropsychiatrists in the armed forces, we have prepared a directory of psychiatric clinics and related facilities. Through the aid of the Macy Foundation and of various governmental groups, this directory is being placed in the hands of all neuropsychiatrists in government-hospital installations and on the staffs of separation centers, so that men upon discharge can be informed as to the facilities available in their communities and as to where they are to be found. Unfortunately, in half the states in the Union there it not one such clinic.

In addition to compiling this directory, we have stimulated the establishment of additional clinic facilities. Because of the dearth of trained personnel, it is impossible to employ additional people to establish new clinics, but an increasing number of communities are making special provisions for rehabilitation clinics by recruiting trained personnel wherever they can be found and teaming them up for rehabilitation work one or two evenings a week. Two out-patient clinics and one inpatient service have been established in Chicago. San Francisco has a new veterans' clinic. Many other states are in the process of setting up special rehabilitation clinics. The Duke University Clinic has organized a traveling unit to cover the entire state, and it is also offering service to South Carolina and Georgia.

While community work is not a primary responsibility of The National Committee for Mental Hygiene, we have been interested to do everything we can to bring about proper coördination of all the services available to veterans. So many

organizations are interested in service to veterans that marked confusion results unless there is thorough coördination. We must keep our focus on the services needed and carefully avoid promoting any organization at the veterans' psychological expense. If, upon return from the armed forces, men find organizations in their home communities wrangling and fighting over services to veterans, they rightly feel that they are being exploited, properly resent this, and frequently inquire if that is what they were fighting for. On the other hand, if the total community is well organized to aid them in ways that are genuinely helpful, this boosts their morale and reassures them that they have not fought in vain.

A special study is being made of what is involved in developing an all-round rehabilitation program in a state. At the request of the Hogg Foundation for Mental Hygiene, at the University of Texas, Texas is being used for this study, which is about half completed. This study includes not only a survey of the facts regarding needs, but also consideration of the various organizational media through which work can be done and the processes that are required. This should be completed early in 1945, and will, we believe, have value for other states interested in developing a good state program.

In our efforts both to educate the public and to aid in the proper provision and coördination of facilities for treating nervous casualties and others who need special services, it has been necessary to provide consultation with numerous governmental, professional, and other special groups. We have maintained liaison with the army, the navy, the Veterans Administration, the Vocational Rehabilitation Bureau of the Federal Security Agency and the various state bureaus of vocational rehabilitation, with the American Red Cross, and with various national health and social-work organizations. Through these contacts, it has been possible to add up the work of the various divisions of the military and to insure that civilian agencies will pick up the work to be done at the point of discharge. It is reported that the Veterans Administration has authorized the following: the contracting of private clinics for out-patient study and treatment, group therapy to be instituted in selected hospitals, and the establishment of one or two centers of the Mill Hill variety. The United States Public Health Service is planning on the possi-

bility of new legislation to expand their activities in the field of mental hygiene, particularly in authorizing grants-in-aid to states for all-purpose mental-hygiene clinics.

We have conferred with representatives of most of the large church bodies, and have given some assistance to them in the preparation of informational and interpretative material. There has been decided activity on the part of the churches in preparing pastors and parishioners for intelligent dealing with men as they return from the armed forces. Several of the larger church groups have prepared from two to five special pamphlets and have still others in preparation.

As a result of demands both from management and from labor, we have been drawn into consultation with these groups in the interests of the work adjustments of men as they return. Special concern has been expressed both by management and by labor as to the proper understanding and selective placement of nervous casualties. We have met with various groups of personnel men and have conferred with representatives of a number of firms in the formulation of a veterans' reemployment program. In addition to specific industries, contact has been made with the Industrial Hygiene Foundation of Pittsburgh, the National Industrial Board in New York, and the editors of *Factory: Management and Maintenance*.

Contacts have been made with several national organizations representing industrial management, and conferences have been held with leaders both in the American Federation of Labor and in the C. I. O. At present all literature dealing with mental hygiene in industry and the reemployment of veterans is being reviewed and a pamphlet for foremen is being prepared at our request by a psychiatrist experienced in industry.

A bulletin is being distributed at stated intervals in which news is provided of current developments, legislative changes, establishment of clinics, and pertinent literature.

Out of such experience, recognition of the enormity of the problem to be faced points the need for two main developments: a program of extensive public education as to the nature of psychiatric difficulties, and an expansion of the opportunities for psychiatric training. What is to become of these hundreds of thousands of psychiatrically disabled veterans? There can be no denying the inadequacy of our present

resources and facilities. In New York City, where we are more fortunate than most communities in having five specific psychiatric rehabilitation centers, the provisions are adequate to take care of only about 5 per cent of the men who need help. Outside of a few of the large cities, no such clinics exist and there are vast areas in this country where no psychiatric help whatever is available. This mental-health emergency must be met soon, if these individuals are not to sink into chronic illnesses. Lifelong unproductiveness can constitute a source of dangerous discontent.

The tragedy is that, as we have shown, many of these men can be restored and, surprisingly quickly, to functional efficiency. One simple rule permeates most psychiatric treatment: the longer a man is sick, the more difficult it is to cure him. Treatment of these men should begin immediately after they leave the army. Yet of all the hospitals and clinics available in this country, only 139 have certified to the Division on Rehabilitation of The National Committee for Mental Hygiene their preparedness to accept veterans for psychiatric treatment. Obviously this will only scratch the surface of the needs of the veteran group. Extensive and wise facilities must be set up, both for humanitarian and for practical reasons. It will be far more costly to our government in the long run to neglect this obligation. If we do not provide treatment resources, we will pay billions of dollars in compensations.

What is needed are additional funds and support for projects. In the field of veterans' rehabilitation at present, there are some 200 agencies involved, often working at cross purposes, leading to inevitable confusion in the mind of the veteran who seeks help. There is a real need for an over-all directing agency to coördinate the many federal, state, and voluntary services at present coping with the rehabilitation project. The newly created Retraining and Reemployment Division under General Hines should correct this situation. The creation of new agencies would only complicate the picture further.

A few basic plans would help enormously. There is a great need for better preparation of the man on discharge from service in the direction of helping him understand his own liabilities, the kind of help he needs, and the sources to which he can turn for it. It would be a grave mistake if the veterans

were considered as a group apart from the civilian population at large. The veteran's needs are a little different from those of other civilians and should be handled within the community on the same basis as those of sick civilians. Some record of his health needs should follow him back into the community and should be made available to responsible medical therapists.

Individual states must be made urgently aware of their responsibility in the realm of mental health and a psychiatric-treatment program should be made obligatory in state plans that are now being formulated. While this is theoretically possible, it is true that in some states, such as New York, the necessary state legislative changes have not been made to permit the inclusion of the psychiatrically disabled in the plans of the State Vocational Rehabilitation Bureau. There must be a coördination of services at the federal, the state, and the local level. The experience of the Veterans' Service Center in New York City points to the wisdom of a single agency's meeting all the problems of the veteran. This is as yet a voluntary service, but it would be reasonable to require each veteran, instead of reporting to his Selective Service board, to report to a service center, replicas of which should be set up in every forty-square-mile area of the country. The Veterans Administration, which is primarily responsible for hospitalization, should be rapidly expanded into the field of ambulatory-treatment centers. At least Veterans Administration funds should be made available to provide such care. This is being planned now. All Veterans Administration facilities should be located in the communities that they serve. Out-patient psychiatric clinics need to be developed on an extensive basis, providing the mental care of at least one psychiatrist per 100,000 population. Thus 1,300 new clinics are needed. There is an urgent need of psychiatric guidance in the formulation of compensation laws, for in the field of psychiatry no human being should be paid for remaining sick. Such a plan would defeat any therapeutic project.

Mental health has become the concern of many individuals outside of the psychiatric profession. Industry recognizes its challenge and is just preparing to formulate the necessary plans of dealing with mental illness within its ranks. Mental health is equally the concern of the school, the church, the

court, the social agency, and the family physician, but without training, these individuals cannot hope to do an effective job.

Clearly this calls for a tremendous expansion of psychiatric personnel, resources, and training. A psychiatric training program aimed at the family doctor, who is likely to see these men first, is long overdue. Federal support of research and teaching opportunities should be encouraged. Centers already exist where initiative and imagination are shown. With additional financial support, they can greatly broaden the area and effectiveness of existent psychiatric resources.

We would be shortsighted indeed if we did not profit from the lessons that this war has taught us. To plan wisely, to set up a research commission of psychiatrists and related scientists, to analyze the magnitude and nature of our problem, and to make wise recommendations and provide financial support for the necessary help is the only solution of our problem.

A VETERAN LOOKS AT REHABILITATION

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ALREADY many of the social agencies have been receiving intimations of the new kinds of case load the post-war period may bring. Recent conferences have stressed the need for an immediate launching of plans for extending help to the discharged soldier, particularly if his discharge has been for psychiatric reasons. Other writers, more familiar with the civilian scene, will be making contributions to the study of organizational forms for this job. Lest we tend to lose the individual in approaching this unfamiliar group, however, I should like to offer a contribution toward an understanding of the attitudes of the individual soldier and of the problems that may arise in his rehabilitation.

Before induction, the present writer was in the service of a private social agency. After a year of attending army schools totally irrelevant to his aptitudes, and fulfilling such assignments as loading commissary trucks, he was finally placed as psychiatric social worker at a large station hospital, in which position he remained until medical discharge. Out of this experience as common soldier and as social worker in a military setting, certain observations on the emotional life of the soldier occur that I believe to be pertinent to our treatment relations with the discharged man. These are purely personal observations and are limited to soldiers in army technical schools, replacement centers, and permanent station complements in the United States.

Out of the experiences of the depression relief agencies, social work came to realize the importance of understanding the specific differences of ethnic and cultural groups. That our present army population constitutes a homogeneous cultural group is an obviously fallacious notion which unfortunately has an extensive currency with our radio-script and newspaper writers and with many of the well-intentioned and really helpful USO and Red Cross volunteers. My own frequent encounters with USO "substitute mothers" who were bewildered at the sight of a soldier playing the piano

or reading a book introduced me to this notion very early in my army career. While the antics of Private Hargrove and similar comic characters do much, perhaps, to allay the anxieties of the home folks, they also have an unfortunate effect on our conception of the soldier as an ordinary human in military clothing. In the same way, the bond-sales-plugging heroics of our radio networks serve only to distort the nature of true heroism, which is noble precisely because it is manifested by ordinary humans.

On the other hand, there is a common body of experience shared by all soldiers as a result of which certain common emotional patterns are established for all, whether they be Phi Beta Kappas or rural illiterates. In so far as men are subject to the same environmental pressures, they react similarly, although that reaction may be positive or negative, depending upon the native personality material brought to the situation.

The need for understanding the matrix in which the soldier is molded becomes clear by analogy with another group with which I worked professionally before induction. In order to deal effectively with the European refugee, it is necessary to understand first the common ground of all refugees—European mores and psychic patterns, the traumatic shattering of security with the advent of Nazism, the meaning of flight from the homeland, and the effect of abrupt encounter with the new mores, patterns, and demands of the adopted country. Until this common ground is understood, the individual arising out of it cannot be understood; without this understanding, he can be perceived only as a bundle of contradictions and confusions, and insight into his personal assets and liabilities is as impossible for the social worker as it is for the individual himself. So, too, with the soldier. It is this common ground that I want to discuss for its eventual significance to rehabilitation social work, and it must again be stressed that I am speaking only from the personal, non-official observations of myself and former military co-workers in the psychiatric and social-work fields.

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Prior to induction, the man is subject to a host of concerns as to when, where, and why he will be inducted, par-

ticularly if he has family responsibilities or has had emotional experiences that lead him to suspect that his military adjustment will be difficult. At the same time, he is also subject to the influence of the publicity media—the screen, the radio, the press—which impress upon him the high value his community places upon military service. He may feel guilt at remaining out of the struggle, which, if it becomes sufficiently intense, may lead him to volunteer for induction; or he may build up an elaborate rationalization as to the need for his skill in industry (often quite true); or he may quite smugly rejoice in the fact that “they” haven’t got him yet.

In each of these instances and many others, eventual induction brings its own kind of shock. The man in the first case soon learns that military service is quite different from the cinema-heralded glory, and the daily slow processes of training enervate his original enthusiasm. This is particularly true of the younger man who volunteers for aviation cadet training, a lengthy, grueling course that makes great demands upon self-discipline. In the other two instances, induction comes as a violent disruption of what had been conceived as a settled life pattern—an upset often sufficiently severe to cause a trauma, particularly intense because of the deflation of ego values.

That these and other unrealistic attitudes occur in a democracy fighting for its very existence is of course a commentary on the inadequate education of citizens in a democracy. For too long our society has introduced youth to adulthood with a back pat for its charmingly “youthful” irresponsibility, certainly affected in no way by lifeless high-school courses in “civics.” Vice President Wallace’s “Four Duties of the Citizen in a Democracy” were long overdue. Our traditional indifference or isolationist contempt for the tragedies or fortunes of our international colleagues is only another manifestation of our individual irresponsibility or, worse, our social blindness.

This is not a problem isolated from that of the rehabilitation of the soldier. Military psychiatrists—among them, outstandingly, Major Julius Schreiber of Camp Callan—have been deeply concerned with programs for preventive psychiatry through developing the soldier’s understanding of

the causes and aims of the war by democratic group discussion. Results of these programs, reported in the various professional journals, amply attest to their value. It is the contention of this writer, however, that such programs, invaluable as they are, come somewhat belatedly in the life of the inductee. Without previous preparation, the inductee's emotional focus can be on individual problems only.

A remarkable—and portentous—phenomenon of induction is the almost universal amnesia for the events of the first day in service. This is further attested to by army psychologists, who often express their appreciation of the fact that original induction mental testing is administered when men are at a universal low. Retesting after a longer period of service frequently yields a higher score, and many a suspected mental defective has proved to have been, at the time of first testing, only a badly scared youngster. The trauma of these first days may be called "the shock of separation," and it provides an interesting parallel to Anna Freud's findings about young children. The protection of home and familiar job is suddenly lost, and before the man lies the fear of the unknown—the unfamiliar clothing, quarters, routines, disciplines, the anticipated shots and screams and blood. Mother, wife, or sweetheart is no longer present to offer refuge; freedom to quit a disliked job has vanished; the private palliatives for personal grief are inaccessible.

During the five weeks I spent at a reception center, nothing was more striking than the manifestations of anal eroticism. Obscenity was widespread, delivered with more than usual intensity, and largely concerned with digestive functions—a major concern, since constipation and diarrhea are immediate and general somatic reactions. Horseplay was violent, with many practical jokes, ribald threats of homosexual attack, and surprise assaults upon the posterior by kicking or thumbing. This can readily be seen as the masculine protest against the unconscious, but frightening surge of homosexual feelings engendered by the unaccustomed passive position, the exclusive and intimate association with men, and the sudden removal from the atmosphere in which the man himself was king. Further support for this theory is found in the fact that this tendency diminished rapidly as men became involved

in their new jobs which permitted reassertion of the individual as an adequate, functioning self.

In some way—which I do not profess to understand—the army pattern is established soon after induction. Discipline, the subordination of personal will to that of the group leader, is learned so rapidly as to give rise to the question: Is discipline the result of fear of punishment, or is it perhaps accepted voluntarily (not consciously) as the answer to a need to submerge individual feelings, already exacerbated, as too painful, too affecting to be tolerated in this new antipathetic group life? Certain it is that by the time basic training starts, aggression and hostility are so repressed as to create the training need for games designed to stimulate these feelings. I have seen many a session of boxing and jiu-jitsu fritter out in embarrassed laughter, when men would only mimic these actions rather than risk injuring one another—or rather than risk open release of latent aggressiveness. The implications of this for training combat troops have been well realized, especially in commando and para-troop training. Yet to be understood is how much this problem is affected by past social living, in which there was no room for these feelings, and how much by a lack of hatred for the enemy—that is, again, a lack of understanding of the why and how of war.

Perhaps intuitively, most army leaders understand the need for keeping men busy. While many of the tasks assigned are unimportant or even “boondoggling,” these usually unpleasant tasks are preferable to allowing the man to accumulate excess energy, which can only be diverted into conflict within his group or within himself. An unfortunate aspect of army personnel planning is the use of replacement centers where men are obliged to wait for assignment as “casuals,” often for months, with relatively little of importance to do. The prevalence of psychic breakdown in these centers led us in the hospital to postulate a “casual neurosis,” the result of inactivity causing the man already psychologically weak to turn in upon himself, to renounce the effort to meet the physical and behavior standards he formerly had not even had leisure to question.

To consider the American soldier as immature—American soldier meaning American male, aged eighteen to thirty-eight, single or married, illiterate or university graduate, in a word a cross-section of the population—is to invite contradiction. If, however, maturity is the ability to adjust to changed circumstance, in the process utilizing maximum personal capabilities, we must admit that the soldier clings to his past with an intensity that must be considered the mark of inadequate personality. Again this reflects the incomprehension of the social and national necessity for assuming this new life.

The psychic life of the soldier is based on an unceasing struggle to cling to his individuality—his former individuality rather than a possible new one which might be the product of this new, socializing experience. The soldier surrounds himself with mementos of the past; his free time is a vaguely understood search for the pleasures of home and is most satisfying when spent in the company of another home-town lonely soul discussing "the good old times." He seeks substitute pleasures—the invitation to dinner with a strange family, the visit to the local church, the chance to talk of self and family to a sympathetic USO volunteer.

Many soldiers do not even make these efforts. All free time is spent in letter-writing, where, for a few brief moments, the charm of the past is recaptured, bathed in the warmth of old loves and friendships whose enduring fidelity is never doubted. Mother, wife, sweetheart are idealized into phantasy perfection; all the old resentments are siphoned out of memory and displaced onto the sergeant, the commanding officer, the army, the cruel government that has torn him from loving arms. Many social workers have reported war-time reunions of separated couples. Courtships conducted by air mail are cemented by marriage on a five-day furlough.

What is the significance of this for rehabilitation? This idealization can only result in new trauma after discharge, when, the immediate needs of emotional and sexual desire satisfied, the wife is discovered to be as slatternly as ever, the mother as nagging, the home as uncomfortable, the old job as unpleasant. The new trauma—"the shock of recognition"—may result in separation, divorce, "hitting the road,"

voluntary unemployment, all more or less positive steps, or, tragically, in emotional withdrawal with eventual psychic illness.

Our media of public information find one of their major subjects in the wolf hunt of the soldier for a pretty girl (and vice versa). Actually, it is my belief, the man who previously has made an adequate heterosexual adjustment, accepting "promiscuity" as part of it, continues it in the army. The man whose adolescence is prolonged does not find a magical solution handed out to him with his uniform and seldom achieves his full heterosexual stride in the army, despite the value of geographical divorce from mother's apron strings or any other previously inhibitory environmental factor.

The soldier's "wolfing" is merely another aspect of his search for the past, for surcease from unaccepted pressures. However, the attachment to the chance "pick-up" is a stronger immediate attachment than the civilian relationship because of sharper personal need and the essentially adolescent nature of the attachment. For many soldiers, such relationships represent a conflict between current emotional and sexual needs and the practical demands of the army situation, which, by its impermanence and constant mobility, discourages more permanent attachments. Guilt is almost inevitable—treason to the new girl, treason to home sweetheart or mother, the wish to go AWOL for a few more hours' pleasure, the fear of venereal infection.

Drinking is another escape of especial importance because of its implied assertion of manhood, its strengthening of the will to defy the army behavior standards, and especially because of the community life of the bar where every companion is "the best guy I ever met," where for a few minutes at least the lonely soldier knows warmth and comradeship—and the keen pleasure of irresponsibility.

Immaturity is most marked where the need arises for the soldier to make important decisions for himself. Each little problem is magnified, becomes the fulcrum for a life otherwise devoid of interest. Not only because the living situation has accustomed the soldier to letting others make his decisions for him, but because the new crisis provides the opportunity

to demand attention from the somewhat remote and god-like persons in authority, the perplexed soldier rushes to his commanding officer, the Red Cross field director, or the USO worker, slaps the problem down upon his desk, stands back, and says, "What shall I do, sir?" awaiting the full and of course perfect solution from this exalted personage.

Repression of normal aggressive urges has made the soldier afraid of any aggressive movement, the *status quo* has been difficult enough to maintain without adding a new factor which might disturb its impermanently gelid surface. The good adviser—and there are many, fortunately, in the army, by virtue of training or common sense—helps the man to recognize and use his own assets to make the decision, with the resultant over-all value of reminding the man of his former relative maturity and self-sufficiency. Gratitude on the part of the soldier is almost childlike, and many a Red Cross worker has a train of devoted G.I.'s, hers until death—or demobilization.

What is important for those engaged in rehabilitation to realize is that their primary task is to treat the whole individual, to restore him or promote him to adult self-sufficiency, and that this task is doubly more difficult than civilian social work because of the complex, deep-lying, and often traumatic blockings of mature expression.

Setting aside the controversial question as to whether American youth as a group is immature and why, we must seek the basic factor in military life that intensifies residual adolescent inadequacy. It is perhaps the conflict between public living and private emotion. The military life is essentially communal and, as such, has the virtues of simplicity, limitation of environmental problems to the basic necessities of eating, sleeping, working. Relationships are direct; twenty-four-hour-a-day living together strips off the husk of pretense, and men are accepted for what they are rather than for what they were or will be.

Comradeship is the fruit of sharing a mutual burden. To be successful, however, communal life must be founded upon a joyous acceptance. Where it is not understood as a necessity for a higher than private aim, where it is felt that "they"—a governmental agency to which the individual

feels no responsibility—have imposed it, where it is conceived of only as a product of the separation from family security and a prelude to danger, there it can result only in the individual's turning back to himself for the pleasures of memory, in the inflation of minor inconveniences to major antagonisms conceived as sufficient cause for retreating into personal isolation—individual insecurity rather than collective security.

Add to this the extreme mobility of army personnel, and we can well understand the reluctance of the already shocked soldier to form new, deep friendships for fear of recurrence of the too-painful "shock of separation." The result, then, is an increased area of sensitivity for the individual soldier. Those personality problems which, in civilian life, could be minimized by accustomed diversions—recreation, family affection, satisfactory job—are undiverted here or covered only with "the emperor's new clothes," which, the folk tale tells us, were invisible to all except the wearer. Thus, the conflict between public living and private emotion becomes an unmanageable one.

I have been reliably informed that this does not obtain in combat troops for many reasons; my own experience does not encompass this field. An analysis of the positive factors appearing in that situation would be of inestimable value both for itself and for the light it would throw on the different situation under present discussion.

The significance of the large percentage of neurotic "casualties" in the zone of interior now becomes clear. It can be seen now that civilian life offers a higher threshold to neurotic breakdown, since it provides manifold possibilities of diversion. Military life provides both a higher threshold of success and a lower threshold of resistance to breakdown, and the linkage between these is clear. One of the striking observations of military psychiatry is the ability of the neurosis-tainted individual to make a satisfactory civilian adjustment, working and maintaining himself and family, and the total inability of the same individual to perform even adequately in a much less arduous military job.

An eloquent illustration is a recent letter from a soldier of totally inadequate personality who has had several military

psychiatric-observation hospitalizations because of his emotional collapse when given kitchen police or drilling duties. He writes: "I work every other day in town for the Santa Fe Railroad and enjoy every minute of it. In between days I'm on permanent KP." Here is a soldier who is happy at really strenuous work on a civilian job and who, at the very same time, is unable to handle fairly light military duties—and is still demanding discharge! This soldier is *not* "gold-bricking"; his problem—which he cannot understand—is very real to him. For him, the psychic load added to the physical load is the camel's last straw.

Surrender to emotional breakdown has very positive compensations which it could not have in civilian life, where the stigma of "going whacky," plus the loss of financial independence, plus the already indicated diversion devices are sufficient to prevent or postpone collapse, often hardening the personality into the rigidly Spartan, manic-like self-immolation in work that is so frequently seen. Breakdown in the army results in immediate hospitalization, removal from a hostile environment to a pleasant one, where the individual becomes the center of attention in a receptive atmosphere reminiscent of home and mother. The psychiatric interview becomes the moment longed for through countless sleepless nights, in moments of despair after the ordeals of exhausting drill and G.I. meals bitter to the tongue, and during friendless, joyless excursions to a town whose every door seems closed. The pent-up misery of a score of miserable years is poured out.

The patient may remain on the ward for some three or four weeks of observation and planned recreational therapy, which in itself is sometimes almost sufficient to minimize the symptoms. The escape from the constant reality pressures of army life is a major factor. Authority, regimentation, the strenuous noise of free time in the barracks, the unending attention to the minutest details required to avoid conflict with the powers-that-be—all these are menaces to the fragile adjustment of the neurotic, and for this reason, as well as for the morale of the military group as a whole, hospitalization is more imperative than in civilian psychiatry. On the ward, his many and obstinate anxieties are

responded to by psychiatrist, social worker, and nurse functioning in an over-all supportive treatment which preserves the patient's strengths for the more productive effort of re-socialization in the selected group on the ward.

This is no guarantee of cure, however, since there is a compensation over and above the immediate escape. The possibility of discharge lures temptingly. Within the limitations of time and staff, it is seldom possible to devote enough time to therapy effectively to sublimate hatred of the military situation into desire for triumph over the difficulties of that situation. Thus, resistance to therapy adds a situational resistance seldom encountered in civilian practice, and discharge becomes the only solution for the overcrowded hospital and the already harassed organization commander. It is this resistance that rehabilitation workers will be concerned with if monetary-compensation concepts are allowed to dominate treatment concepts in the national rehabilitation program, thus creating a new post-war dependent group, the "psychologically unemployed."

Rehabilitation, then, should be seen as an infinitely more complex problem than vocational guidance. Whether the discharge be for psychiatric or for medical reasons or the result of general demobilization, the dischargée is a very different personality from the inductee. Treatment must be of the complete individual, and the rehabilitation worker must realize, in all humility, that he is dealing with a personality type never before encountered, a man who has lived through emotional experiences no textbook tells about, who even speaks an unfamiliar language, and who is suffering acutely from a variety of conflicts that are both situational and personal.

Just as induction meant a struggle to cast off the old and accept the new, so discharge brings its peculiar struggles. Welcomed or not, military service gives rise to new personality patterns which are discarded as reluctantly as formerly civilian patterns had been—perhaps another sign of our immaturity as a group. An army personnel consultant, perhaps the outstanding social worker in my experience, writes:

"I have not kidded myself for a long time now. We are changed individuals. When we get out, I sadly fear, we shall be the consti-

tutional psychopaths with the restless feet, the inability to adjust, the constant complaints, and the inability to sink into the 'normal' environment. We aren't the same—and this time in a great, big way. It is most pessimistic, I know, but I often wonder whether we will ever be able to make the grade after all that happens to the ideals we have, both as workers in a sensitive skill and as human beings. We, unfortunately perhaps, were in a position to see it all [as military social workers]. Be that as it may, there must be something in life if only you can organize it. . . . The civilian world will not appreciate what we have done either in a social or technical way. They continue to live in the same old manner, and to them the army is just fighting in a fictional movielike glory. They don't understand that some of the work may be more vital and far more intensive than anything they can imagine. . . . We who were in the dynamics of it will find it hard to gear down to that sluggish thing called civilian life. Our work habits become bad in the army, but when we work, we do, I guess. . . . We are the lost generation again—caught between the pan and the fire. We don't like it in and we can't take it out."

What delicate balance the individual was able to attain in his past civilian life cannot be reinstated as such. Just as surely as the even movement of a watch, when disturbed, must be restored by the skillful hand of the jeweler, so psychiatry and social work must bring their tools to this delicate task. Prestige, the special privileges to which the uniform entitles one, the relative security of anonymity, and official tolerance of occasional "cutting-loose" are lost immediately upon discharge, and their loss brings its own special traumas.

Therapy, then, is an immediate task to be begun promptly upon discharge. In a certain sense, it must be begun even before discharge, for the community must be educated to accept back a man who has been honorably discharged for any reason whatsoever. Many families need preparation for receiving a changed person into their homes, and need also understanding of their own perplexities. In these days of man-power shortage, employers hesitate little in hiring; what of their attitudes toward the man with a psychiatric or a medical discharge in a few months or a year when the man-power situation may be changed? What help will the wife need who at her war job has experienced a new independence from household drudgery, and who may be reluctant to accept her returning husband's demand that she return to her kitchen? How will the dischargée manage if his mustering-out pay is as limited as it is at this time,

and if the Veterans Administration continues behind in its compensation awards? These are community problems for which answers must be sought now, and with which rehabilitation workers must deal by community education and before legislative bodies.

Will the dischargee voluntarily seek out the social agency or the psychiatric clinic? Even in those cities in which excellent rehabilitation centers are functioning, intake is low in comparison to the total number discharged to date, though at the same time intake may be very high considering staff limitations. It must be remembered that our present military group is a depression generation, accustomed to consider social work as a relief activity only, and social workers as "snoopers." It should be the immediate concern of all agencies interested in rehabilitation to launch aggressive publicity campaigns within the community to dispel this notion. Agencies accustomed to sitting on their hands until the client expresses a need that lies within their jurisdiction may soon learn that a new depression—economic, psychological, or both—threatens to destroy their hard-won independence, jolting them back to the 30's, when every worker and every resource was in the service of the national emergency without thought of case-load size or selected clientele.

If the home-service chapters of the Red Cross are already swamped with military reports of dischargees, other agencies will have to come to their aid with loans of workers or sharing of case load. This is no time for "business as usual"; if the thesis is accepted that every dischargee presents problems to himself, his family, and his community, then every dischargee should have the attention he needs and should have it immediately lest a Gargantuan case load develop later, as it surely will if these unsettled individuals are neglected in the first days of their return when new experiences may be traumatic and when resistance to help has not had time to develop.

The psychiatric clinics are perhaps in a more favorable position, since the psychiatric dischargee has already had the opportunity to dispel old fears or shame about visiting the "nut doctor." These clinics are confessedly short of staff,

however, and it, therefore, becomes the responsibility of social agencies to supplement this aid in any way advisable.

It seems to me that rural and Southern areas may have special problems. A sapient song of World War I inquired "How're you gonna keep 'em down on the farm after they've seen Paree?" Not only has the soldier experienced personality changes, but he has also known changed standards of living, of food, of cleanliness, and of social conviviality. He may be most reluctant to accept again the old squalor, drudgery, and loneliness of farm life. It was the policy of our neuropsychiatric service to urge the dischargée to move to an urban center if it seemed probable that he might be in need of further therapy and also if his return to his small community would not aid in the national man-power shortage. Nevertheless, many will return to small towns and country places remote from agencies, clinics, and veterans' facilities. Perhaps some workers will be sufficiently sensitive to the need and will consent to transfer to whatever rural agencies are existent.

A separate group with a distinct problem may be composed of first sergeants and second lieutenants. These men, more than any others, were in a position to exercise aggressiveness and to enjoy the prestige of power. For the most part, these men occupied no similar positions in civilian life. Will they be content, or even able, to return to tending bar, selling shoes, working farms? For them, more than for any other group, discharge may mean a vague restless quest for the satisfactions of the service, or may even mean self-assertion in antisocial behavior. Even to turn to an agency for guidance may prove too difficult for many of them.

What new organizational forms for rehabilitation will have to be developed must be discussed by others more familiar with recent social-work developments. I can only emphasize the need for education of the community, and particularly the veterans' organizations, to an understanding of the fact that the primary need is for treatment rather than for compensation, whose pauperizing sequelæ were shown us by the last war.

Further, my respect for the men with whom I lived and worked for a year and a half leads me to believe that they,

too, want help in solving their adjustment problems, a small, but sufficient sum to tide them over until they are self-supporting, the opportunity for some to finish interrupted education, and the chance to work constructively in an economy that will bring about a better world than that world which blighted their childhoods and left them immature and insecure when confronted with a new and difficult life experience.

Psychiatrists and social workers who, by virtue of position and training, have seen the psychiatric toll of warfare must accept the responsibility which devolves upon them especially to campaign energetically for social-education prophylaxis for the next generation. Our ethics and our wisdom place this burden upon us.

If I have seemed a Jeremiah crying havoc, it is because I, too, have lived through the experiences of which I write. What is lacking in what I have written is a tribute to the indestructible, positive qualities of the human being which lift him above situations and which are responsible for the thousands of good soldiers, working in office, warehouse, or battlefield, who have carried us so far toward our eventual triumph and who, their job completed, will return to have their say in building a brave new world in which there will be no place for such catastrophes.

To the medical men and personnel workers and Red Cross staffs in the military services, a special debt is due for the many men whom they have helped to be good soldiers and good citizens. The world "may little note nor long remember," but the fruits of their efforts will be our guarantee of a sane population in a world no longer insane.

HAZARDS OF THE HIGH I. Q.

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VERY little recognition has been given to the fact that extremely high intelligence is as far from normal as is mental deficiency and that it creates problems of its own that may be as acute, though not as depressing, as the problems of inferior intelligence. In psychological theory, the range of normal intelligence runs from the dull, border-line mentality, at 70 I.Q., to the very superior level of 130 I.Q., or thirty points of divergence from 100 I.Q., which represents the average performance of children at given age levels.

An eight-year-old child with an I.Q. of 70 may be normal in size and appearance, and be mannerly if he has been well trained. He has, however, the mentality of five-and-one-half years and is hardly ready to learn to read. If he is placed in Grade I, he may be embarrassed by his size and be subjected to teasing and to the humiliation of failure. He cannot hold his own with children of his own age and may become quarrelsome, or take refuge with adults who give him special consideration.

On the other hand, the eight-year-old child with an I.Q. of 130 may also be normal in size and appearance, but he has the mentality of ten-and-one-half years, which throws his adjustment to his group also out of balance. He learns his lessons quickly, is bored with the activities of Grade III, and may work off his excess energy in unprofitable mischief. He attracts attention by his clever remarks and develops a desire for the center of the stage. He bosses children of his own age, but is rejected by older and larger children whose interests fascinate him and challenge his ability to compete with them. He is still only eight years old in physical skills, in dependence upon parents, in emotional experience, and in a certain naïveté, which is charming, but which may be a dangerous pitfall if he tries to capitalize it.

Children of high intelligence who develop personality problems are reported to be less likely to retain their problems than children of lower intelligence.¹ In the course of time, their intelligence enables them to recognize the advantages of conformity to established custom, and they discard undesirable forms of behavior which they see are going to be unprofitable to them. Nevertheless, disturbances of personality are deep-rooted; early environmental experiences leave their mark in conditioned reactions which, by repetition, become permanent traits.

In an effort to examine the interplay of high intelligence with personality factors, the authors, through the Massachusetts Division of Mental Hygiene, made a follow-up study of 43 children of I.Q.'s above 130 who had been seen in the child-guidance clinics between 1927 and 1934. The interval of time between the first contact and the follow-up averaged eleven years. The children came to the clinics because of some problem of management or educational placement which was sufficiently troublesome for the parents to seek advice.

The objects of the study were to check the correctness of the original diagnosis and treatment; to learn what methods of training the parents had used; to find out how the children had reacted to the problem of their own superiority; to discover what factors had contributed to success or failure in their adjustment to their life situation.

The High I.Q. Persists.—Thirty-eight of the 43 children were available for reexamination and tests were selected which corresponded as closely as possible to the original Stanford-Binet (1916 revision) which had been given when the children's ages ranged from two to ten years. Their I.Q.'s on this test had ranged from 130 to 166, with the mean or average for the group at I.Q. 139. The results of the reexamination were unexpectedly consistent. The children at this time were from ten to twenty years of age, their I.Q.'s ranged from 106 to 161, but only one, a boy who had been twenty-three months of age at the time of the first test, fell

¹ See "The Child of Very Superior Intelligence as a Special Problem in Social Development," by Leta Stetter Hollingworth (MENTAL HYGIENE, Vol. 15, pp. 3-16, January, 1931). See also "Time as a Factor in the Solution of Delinquency," by D. A. Thom and F. S. Johnston (MENTAL HYGIENE, Vol. 25, pp. 269-87, April, 1941).

below 120. The average for the group was 135 I.Q. on the Stanford-Binet (1937 revision) and 125 I.Q. on the Wechsler-Bellevue test. This decrease in average I.Q. was not significant in view of the advanced ages of the children and the well-known inadequacies of tests to measure the abilities of older adolescents.

Particularly interesting was the discovery that the I.Q.'s of 24 children who had been under school age at the time of the first examination fulfilled the predictions of superiority as satisfactorily as the I.Q.'s of children of school age, for whom intelligence tests are considered to be best adapted. Although intelligence tests may be unreliable in discriminating within the middle range of very young children, nevertheless, a child who shows exceptional ability in these early years may be expected to maintain superiority as he grows older.

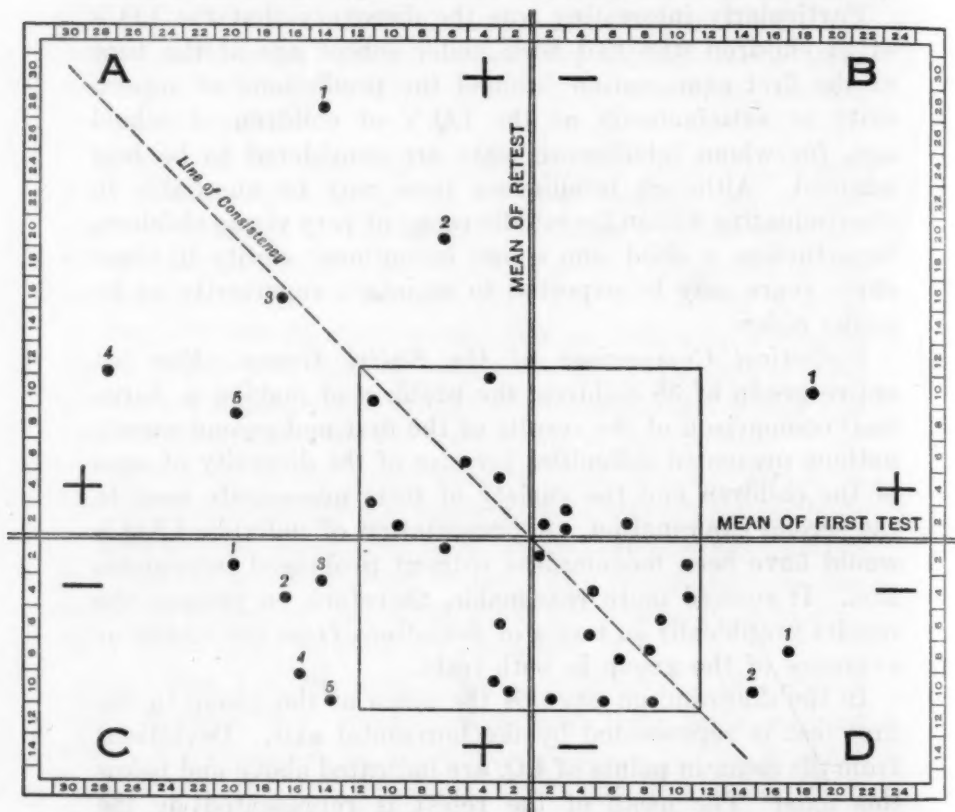
Statistical Comparison of the Entire Group.—For the entire group of 38 children, the problem of making a statistical comparison of the results of the first and second examinations presented difficulties because of the diversity of ages of the children and the variety of tests necessarily used in the second examination. A presentation of individual I.Q.'s would have been meaningless without prolonged interpretation. It seemed more reasonable, therefore, to present the results graphically in terms of deviations from the means or averages of the group in both tests.

In the diagram, on page 64 the mean of the group in the first test is represented by the horizontal axis. Deviations from the mean in points of I.Q. are indicated above and below this axis. The mean of the retest is represented by the vertical axis, with deviations of I.Q. that are above the mean extending to the left, and deviations below the mean extending to the right.

It will readily be seen that the cases that lie in Section A were above the mean in both the first and second tests, as they are above the horizontal axis and to the left of the vertical axis. Conversely, the cases that lie in Section D were below the mean in both the first and second tests, as they are below the horizontal axis and to the right of the vertical axis. The cases that lie in Section B had fallen from above the mean in the first test to a position below the mean in the second test;

whereas the cases in Section C had risen from below the mean in the first test to a position above the mean in the second test.

The cases that lie within the square are within the mean deviation on both tests, and represent children whose relative positions in the two tests were fairly consistent. The cases outside this square need explanation. In Section A,



cases 1 and 2 are now college students, both of whom lost thirteen points in deviation on the second test. We may assume that their abilities are better represented by the tests given at the age of eight than at ages seventeen and nineteen, as both have made outstanding achievements. Case 3 shows perfect consistency of I.Q. at a high level. It is interesting that this boy has had a disturbed home life and has done indifferent work in school, but has always rated high in tests. Cases 4 and 5 were three years and seven months of age and four years and three months of age respectively when first tested. Their gains in the retest, at ages eleven and thirteen years, probably

represent the greater adequacy of tests at this age level and also favorable environmental factors.

In Section B, case 1 is the precocious infant whose I.Q. dropped from 148 to 106. He is doing good work in high school.

In Section D, cases 1 and 2 are those of girls whose environmental influences during the interval have been adverse.

In Section C, where significant gains have been made on the second test, cases 2 and 4 were two years and four months of age and three years and eight months of age respectively at the time of the first test, and their abilities are probably better represented by the later test. Case 4 had special opportunities in a semi-private academy, where she won a four-year scholarship, showed marked qualities of leadership, and graduated with the highest honors and a scholarship for college.

Cases 1 and 3 were seven years old and six years old respectively when first tested. Case 1 set his heart on a military career and deliberately failed in Latin School when the war broke out, in an attempt to force his parents to consent to his enlistment, but he gave his best effort to the psychological test. Case 3 was "a quiz kid" on a local program for more than a year. His school record was unsatisfactory as he had poor habits of work and neglected his lessons to concentrate upon his special interests, which were informational and literary.

Case 5 at the time of the first test was ten years old and was involved in the marital difficulties of his parents. The parental situation is now greatly improved. The boy is in college, and is mature and self-reliant. He shows a gain of I.Q. instead of the usual loss at this age and has gained significantly in respect to his position in the group (from 9 below the mean in the first test to 11 above the mean in the second).

In conclusion, difference of level between the first and second tests may be attributed to the varying efficiency of tests at different age levels and to favorable or adverse factors in the environment. It is with the appraisal of these factors that the latter part of this study is primarily concerned.

The Homes of the Children.—The parents of these children were, in most cases, interested and willing to discuss problems of family life and to give information that would show

what sort of homes produced these superior children. Were they prosperous homes, with advantages of leisure and luxury? Were they happy homes? Were the prosperous families happier than those with precarious incomes?

In 24 homes, there had been security and comfort, with varying degrees of luxury and expensive advantages for the children. In 19 homes, the incomes had been irregular or marginal, requiring careful economy; while in five homes there had been periods of actual dependency during the depression.

Twenty-seven homes had had an harmonious family life, with unity of aims and sharing of interests and privileges. In 16 homes, there had been indifference, selfishness, or conflict, which in five cases had resulted in divorce.

The question naturally suggested itself as to whether there was any correlation between the 24 families with comfortable incomes and the 27 homes in which there was solidarity or harmony, and whether there was any relationship between parental conflict and economic stress. Interestingly, there appeared to be no correlation between economic level and family solidarity, as harmony was found in 15 of the 24 prosperous homes and in 12 of the 19 precarious homes. In the latter group, the parents had compensated for financial restrictions by intelligent planning of family activities through the use of facilities that did not involve much expense. The planning of projects and the sharing of privation had contributed to the unity and happiness of the families. However, in those homes of the precarious group in which the parents were not harmonious, the conflict had been aggravated by financial stress.

In conclusion, it appears that the children of the study came chiefly from families of moderate degrees of both economic security and economic stress, and that financial status bears little relationship to the ability of parents to provide happy homes and to make satisfactory family adjustments.

The Parents.—One is inclined to expect high intelligence and advanced education in the parents of very brilliant children, so it was surprising to find an educational level that was moderately, but not exceptionally high. Approximately one-half of both fathers and mothers were graduates of high schools; eight fathers and nine mothers were graduates of colleges; four fathers and six mothers had not progressed

beyond the elementary grades; and the remainder of the parents had had a smattering of high-school education.

Six fathers were practicing in professions; 14 others held positions of responsibility; the remaining fathers who were living held various minor positions. Of the mothers, 22 had been engaged in business, 13 had practiced minor professions, two had been factory workers, and six had never been employed.

It was interesting that 41 mothers professed definite religious affiliations. In only three cases was there conflict in religious matters. More than half of the children were actively interested in church affairs and several were seriously concerned. The weight and quality of religious background was definitely high.

Nine fathers and 10 mothers were from foreign-speaking nations. Seventeen fathers and 20 mothers had foreign-born parents, many of whom had emigrated to escape poverty or persecution. Among the families of foreign extraction, there had been great effort to improve the status of the family, to take advantage of educational opportunities, and to prepare for vocational success. This was most marked among the seven Jewish families, some of whose forebears were uneducated according to American standards, but had had a thorough training in Hebrew culture and were religious leaders.

There were four families with Indian blood, and the precocious infant had a mixture of French, German, Negro, and Indian inheritance.

Individual ancestors provided some interesting material, which can be reported only briefly. Three families were descendants of prosperous Tories who fled to Canada during the American Revolution. All three families had brilliant and talented members. One boy was fathered by a descendant of a famous inventor whose genius revolutionized the textile industry in England; collateral relatives were active in Colonial affairs, and there have been professional men in the family through four generations. The mother of this boy was descended from a Dutch pioneer who founded a religious settlement in America and traveled through the colonies teaching the art of grafting trees. This family includes a prominent politician and a nationally known philanthropist.

Other interesting forebears were the president of a college,

the president of a large bank, a mathematical genius, several noted artists and musicians, two state governors, a celebrated actress, and several famous novelists.

Unfavorable tendencies occurred in 17 families. There were seven neurotic and four unstable mothers, two neurotic fathers, and two alcoholic and delinquent fathers, one of whom was "the black sheep" of a good family. Among grandparents, there were two cases of alcoholism and three cases of mental disease.

Parental Perplexities.—There was a good deal of bewilderment among the comfortably intelligent parents who had unexpectedly produced exceptional offsprings. Their attitudes varied between the extreme conceit of the couple who were convinced of the genius of their child from the moment of birth, to the scepticism of the mother who would not admit any superiority in her daughter.

Seven parents had gratified their own vanity by boasting about their children and exploiting their cleverness at every opportunity. Eleven had pushed and overstimulated their children beyond their capacity to maintain a balanced adjustment. Fifteen had been possessive and overprotective to such a degree that the children had become seclusive, bookish, or abnormally shy. Seven parents were deferential to, or actually afraid of, the ability of their offspring to outwit or circumvent them. Seven parents, who had attempted forcibly to repress the effervescent precocity of their children, had become involved in an undeclared war in which mutiny, conflict, and antagonism were the order of the day.

Problems of discipline were much more in evidence at the time of the first contact when the children were younger. Twenty-two children were being handled with inconsistent methods because the parents or other relatives were operating on differing theories of management, or because the mother was at times overlenient and at other times oversevere. Seventeen children were being subjected to corporal punishment, and 10 were contemptuous of authority. Most of these early disciplinary problems were resolved under the guidance of the clinic, and the cases were closed as improved or recovered.

During the years intervening between the first and the second contacts, problems of behavior had practically dis-

appeared, but, in some cases, had been replaced by problems of personality and undesirable attitudes. Twenty-eight children were being managed easily by reasoning, while 12 remained difficult or defiant, and three had continued to rule tyrannically in the home. In general, the early misbehavior may be attributed to the aggressiveness and the self-assertion of the brilliant child who is testing his wit and will against the forces of his environment. With increasing maturity and understanding, he recognizes the value of social adaptation and turns his aggressiveness into acceptable channels, which lead to satisfying achievements and worth-while pleasures.

No child in the group was without love from one parent or the other. Only fifteen of the 43 children had received wise management, which had given freedom of activity within suitable limits so that they were able gradually to assume responsibility for their personal affairs.

Health of the Children.—At the time of the follow-up study, all of the 43 children were in good health. All but one had been full-term pregnancies. Thirty-six were first-born and, although 22 had had instrumental deliveries, only four had been injured. Eleven were "only children" and families were small, averaging 2.3 children per family. Fourteen children had had serious diseases and 12 had suffered from various chronic complaints previous to adolescence. There were 12 cases of poor vision requiring lenses.

Fifteen children were left-handed or ambidextrous; six of them had been trained to use the right hand, four had speech difficulties, and six were extremely poor writers.

School Histories.—The educational history of the group was relatively disappointing. Twenty-four of the 43 children had attended kindergarten and 15 had learned to read before entering Grade I. At the time of the first contact, 12 had skipped a grade or had entered school a year early. At the time of the second contact, 34 had received high marks, 19 had been honor students, and nine had won awards, varying from prizes to college scholarships. Sixteen had graduated from high school, three from vocational schools, and four from colleges. Of 20 pupils remaining in school, 14 were a year or more advanced in grade placement. Nine children had disliked school, and five had done poor work.

Although these attainments appear to be gratifying, they seem to have been achieved principally through the energy and initiative of the children themselves. The schools had little to offer them in the way of special opportunities. In many instances, superior ability had not been recognized, particularly in pupils who were competing in an older group. In only five cases had any enrichment of program been provided.

One boy had been penalized by poor marks for lack of effort. He tossed off his lessons without effort and then relieved his boredom by attempting to run the class, which annoyed the teacher and provided him with some interesting diversion. Several boys were so antagonistic that they refused to do well lest they outshine their classmates. The boy of remarkable ancestry, whose psychological rating was close to genius, was submerged in a large high school. He was doing well in a college preparatory class, but, because of his retiring disposition, he was completely overlooked as an intellectual rarity. Three other children, who had made poor records in public school, blossomed into high accomplishment when transferred to private schools, where their potentialities and emotional adjustment were given individual attention. A bright girl from an impoverished home had been placed in a domestic-science course, which fitted her neither for further education nor for earning a living commensurate with her ability.

On the other hand, two children, whose parents had tried to impose scholastic advantages beyond their social and emotional maturity, had become so maladjusted that their education was a complete failure and they were unfitted to go on with the higher education which had been planned for them.

The boy who obtained the highest psychological rating was normally placed in school for his age in Grade V. The clinic recommended that he remain there for the present because he was very small for his age and the school had nothing to offer other than double promotion. He was supplying his own enrichment by reading formidable literature which he preferred to playing childish games. In school, he monopolized prizes and honors without effort, and he lacked the stabilizing influence of wholesome competition.

The children whose abilities had been recognized at school were those who had been aggressive and socially well adjusted, and who had striven for honors and awards. The more retiring students had often been overlooked and, from the clinical point of view, had lacked guidance in utilizing their abilities and in making personal adjustments.

Personality Problems.—The problems for which these children originally attended the clinic were chiefly the normal problems of childhood in connection with eating, sleeping, elimination, and discipline. The clinic looks upon such manifestations as symptoms indicative of emotional maladjustment and tries to correct or to modify the conditions that produced the symptoms instead of treating the symptoms themselves. As previously suggested, most of the immediate difficulties were eliminated under clinic therapy.

The personalities of the children were discussed with the parents on the basis of 36 character traits. The traits that appeared most frequently were happiness, energy, generosity, independence, and persistence. The traits that appeared least frequently were selfishness, dependence, and jealousy.

During the interval between the first and second contacts, there was an increase of confidence, conscientiousness, coöperation, and ambition, while a marked decrease appeared in the undesirable traits of stubbornness, defiance, negativism, and a tendency to "show off." The group as a whole gave a delightful impression of vitality, exuberant spirits, and worth-while interests.

The social adjustment of these precocious children was difficult. The very young children, at the time of the first contact, were amusing themselves with imaginative play and with comradeship or conflict with their mothers. As they grew older, there was a tendency to prefer older playmates and to seek the companionship of adults. The discrepancy between intellectual and social development led to preoccupation with lonely pursuits, so that in some cases the parents were obliged to force the children to join groups at play. Some of the children who were leaders in school had few companions outside of school hours. Fifteen children, however, had developed qualities of leadership and were making an excellent adjustment in all sorts of activities.

In an attempt to analyze the factors that had contributed

to the excellent development of some of the superior children, and to the less satisfactory developments of others, a division of the children was made into two groups on criteria not only of scholastic achievement, but also of personality factors and present adjustment to life situations. Half of the children (21 cases) had attained a high level of development and had fulfilled the potentialities that were found in the early contacts. The other half (22 cases) had achieved only mediocre success or were definitely maladjusted or unhappy.

Twenty-one Successful Cases.—In the group of successful cases, home conditions were predominantly good or had improved during the interval between first and second contacts. Fifteen children had had economic security, and 16 had had harmonious homes.

Fourteen children had received wise and beneficial guidance. Training had been consistent in early childhood, and punishment had taken the form of penalties rather than of chastisement. Several mothers had profited by the advice of the clinic in avoiding the interference of relatives and in adopting less emotional attitudes toward childish self-assertion. These 14 children were so active and happy, and their lives so filled with engrossing interests, that they were refreshingly unconcerned with their superiority. The parents had made a special effort to preserve normality and to uphold good standards of conduct.

One outstanding girl, an only child, had been taught by her invalid mother to make decisions for herself, to use her gifts for the benefit of others, and to accept humbly the honors and admiration that were heaped upon her. Graduating from college at twenty, she was popular and gay, thoughtful of her parents, but not restricted even by the invalidism of her mother and eager to specialize in a profession in which she could render her best service.

Another girl, who also was graduating from college at twenty, had been guided and encouraged by a stepmother who had assumed the care of four small neglected children after the death of an intellectual, but highly impractical mother. As the home was in a poor neighborhood, the girl had no suitable friends until she went to college. With her stepmother's help, however, she made a good adjustment, was prominent in college activities, and served as an assistant instructor. Her three brothers also made enviable records.

An interesting adopted girl, now in high school, has been so much more agile mentally than her adoptive parents that they have had their bewildering moments, but with patience and love they have guided her through some trying episodes and have been rewarded by her increasing stability and good achievement.

In the other seven successful cases, early training had been lax and inconsistent, or there had been antagonism and friction in the home, but these children eventually rose above these handicaps and, with increasing independence of family influences, were able to make satisfactory adaptation. In this group was the boy who deliberately flunked Latin School, but he was more effective than his parents in controlling his unruly younger brothers, and was a respected leader among his friends. Here also was the arrogant boy whose lack of effort had been penalized by his teacher. He was later entered in one of the larger private preparatory schools, where his desire for prestige may be both satisfied and curtailed.

A girl, now eleven years old, had been monopolized by her mother to compensate for the indifference of the husband, but in spite of overpossessive and indulgent training, she showed promise of well-balanced development.

Another girl, who had been set on a pedestal as her father's favorite, was so upset by loss of prestige to her equally bright sisters that she failed miserably in a large high school, thereby further alienating her father. When she was transferred to a private school, she regained her confidence, took her college examinations against the advice of the school, and passed them "with flying colors." She felt herself restored to favor and gained self-reliance from the experience.

A boy, who had been taken by an elderly grandmother because his home had been broken by divorce, and who had languished in effeminacy and loneliness in a city school, blossomed into honors and leadership in a suburban town under the care of an intelligent young stepmother.

A twenty-year-old boy of exceptional ancestry had been bandied about among relatives as a result of the unfortunate marriage of his spoiled and willful mother, who had treated him with alternate overindulgence and cruelty. Escaping from his predicament at last by enlistment in the army,

he earned rapid advancement in the artillery by his mathematical ability. His patience and generosity to his mother indicated a high quality of character.

In this group of 21 successful children, wise guidance and favorable circumstances contributed to the development of 14 of the cases, whereas the remaining seven overcame various handicaps by means of their own initiative and personal qualities.

Twenty-two Less Successful Cases.—In the group of cases that showed only moderate success or actual failure, home conditions had been less favorable. Only nine families had had economic security, and 13 had suffered financial distress. Twelve homes had been the scene of domestic conflict, and only one child had had security, harmony, and good training. This boy had been adopted to fill a woman's emotional need, had received devoted care, and had never been told of his adoption. His personality was charming, but his school work was only fair and he displayed no unusual ability.

In the 21 remaining cases of the less successful group, there was a greater degree of nervous instability among the parents or grandparents which may have affected the children either by inheritance or by association. Of the 17 families in which unfavorable familial tendencies had occurred, 13 were included in this group, whereas among the successful children only four instances were found.

The parents of the less successful children reflected a greater degree of vanity and more dissatisfaction when their children did not make a spectacular showing. Seven children had been overstimulated, and had reacted with a good deal of antagonism or fear of failure. Nine mothers had used corporal punishment, and three were still whipping boys who were from ten to fourteen years of age. Seven children had been overprotected, and in 16 cases marked favoritism had been shown for the child by one parent or the other. On the other hand, six mothers had rejected our clients in favor of a brother or sister. One such girl had transferred her affection to a brilliant and capable aunt, with unpleasant consequences in the household. She defied parental restraint, escaped to the aunt, and filled her time with expensive and erratic pursuits.

The child whose parents expected her to be a genius lived

in a haphazard household where every one was allowed full liberty of self-development. At the age of eight, she had been removed from school after a quarrel about her placement, and had been irregularly instructed by tutors. At the age of sixteen, she had not completed the requirements of the eighth grade, but talked fluently and superficially on philosophy, psychology, and the arts. She was desperately trying to find a short cut to a profession that she considered worthy of her genius, and was becoming pathetically aware of her plight as she began to see the inadequacy of her preparation.

Two boys had been idolized and exploited by overdevoted mothers. One was submissive, seclusive, and unhappy. The other, the former "quiz kid," was so maladjusted scholastically that he was sent to a private school to be brought up to standards in subjects that he disliked and had neglected.

Another disturbed boy had been in bitter conflict with a stepmother who had taken him from a doting grandmother in order to give him the discipline that she thought he needed. With her he adopted the attitude of a "whipped dog," but he retaliated by committing all sorts of petty misdemeanors in the community and by doing little else at school than read and rate high in psychological tests. He flunked college after winning a scholarship. Finally he enlisted in the army and made a fine record in the air force. He adjusted well to the impersonal type of discipline, but was homesick. From the distance that lends enchantment, he expressed appreciation of his stepmother's efforts to bring him up properly.

Another boy, the only son in an ambitious family, had been forced ahead in various private schools at an early age. He had managed to evade fundamental courses and was not equipped for college, but he had developed dramatic and artistic talent and wanted to become an actor. No doubt the stage seemed to offer him publicly the recognition he had failed to obtain from his family. He finally specialized in accounting, to please his father, and astonished every one by an excellent record. He hoped, in spite of poor vision, to be accepted for war service, where he could use his mathematical ability.

A girl, who originally came to the clinic because of nightmares about fire, had been overexcited by a neurotic and timid mother, and favored by a clever and charming father.

When he remarried after the mother's death, the daughter and stepmother engaged in a relentless duel which kept the home and the younger children in an uproar until the girl finally graduated from high school—where she had been a model of deportment—and became self-supporting. She was successful in her job, but was lonely and resentful, and continued to harass her family at long range.

A Jewish girl, who had been overawed by a tyrannical older brother, gained self-confidence away from home at a junior college. She was determined to defend herself, and the conflict resulted in a nervous breakdown in the mother.

Another girl, who had been suppressed by a dominating mother, found release for her abilities and expansion of her personality in the profession of nursing.

Three girls in this less successful group had been left fatherless by death or desertion, and had been casually supervised while their mothers took up the economic struggle. Two of them became headstrong and willful, refusing to be advised or restrained. They preferred to learn the lessons of life the hard way and were employed at very ordinary jobs. The third girl, who had been overprotected and indulged during her father's life, found uncongenial work in a factory. She insisted that because she was Jewish she was handicapped by racial discrimination, and used this as an excuse for her failure to make an effort to improve her position.

In this group of cases, emotional instability, false standards of the parents, and poor methods of training, as well as individual misfortunes and adverse circumstances, prevented the best development of the children, although psychological tests showed a persistence of their superior ability.

CONCLUSIONS

Although the number of children included in this study was small and an evaluation of the interplay of intangible factors was baffling in prospect, nevertheless, in the actual process of study, certain elements that had contributed to success or failure projected themselves in sharp relief.

The consistency of the later examinations indicated that the early psychological tests were reliable and predictive of continuing ability. The success or failure of the individual child, however, depended upon factors other than his numerical intelligence quotient.

Economic advantages above the low level of distress had little effect upon success or failure, but a happy and harmonious home life was definitely favorable to good development. Some children, however, were able to overcome adverse factors of home life as they approached maturity and were able to use their intelligence in the solution of their own problems.

Probably the most definite contribution to success was consistent and reasonable training in the very early years, because it accustomed the children to orderly and useful habits and attitudes. The acceptance of regulations that are for the good of all precluded the unfortunate philosophy so frequently observed among children that one must be naughty to have fun and that an audience must be secured at any price.

The children who had been kept in normal relationship in family and social life made the best adjustments as they matured; those who failed in fulfillment had been hampered by family instability or unfortunate environmental conditions.

From a clinical point of view, a need was revealed for a closer relationship of schools with social and clinical services in order to relieve emotional pressures and to help individual children to overcome their difficulties. Otherwise, they cannot utilize their abilities to the best advantage.

Public schools have, on the whole, offered little in the way of specialized opportunities for superior children because this group gets along creditably in the program geared to the average child. Handicapped and retarded pupils, who are unable to adjust to regular classes, have been provided with various types of special classes. For the superior group, there is no emotional appeal to pity or protection such as has been used to obtain appropriations for the education of the handicapped and retarded group.

It is time for the public to awaken to a realization of the neglect of a national asset that can be of inestimable value in the solution of the difficult civic problems that loom ahead. In a democracy, where many intelligent leaders are urgently needed, unusual abilities should not be allowed to go to waste, but should be developed for clear thinking and sound judgment, and should be directed toward goals of human service rather than those of self-aggrandizement.

THE RELATIONSHIP BETWEEN SCIENTIFIC AND PRE-SCIENTIFIC METHODS IN PSYCHIATRY AND MENTAL HYGIENE

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A DISCUSSION of the relationship between scientific and pre-scientific methods in psychiatry and mental hygiene must almost necessarily begin with definitions, for the difference between these methods is too commonly missed.

Three essentials of the scientific method may be reviewed:

1. The scientific method begins with observations. Usually, if not universally, these are observations through the senses.

2. The scientific method proceeds to the formulation of relationships between these observations. The formulations are dictated by logical¹ processes or are at least compatible with logical thinking.

3. The scientific method finally proceeds, wherever possible, to a critical check of these formulations by further observations.

It is to be remembered that the scientific method gained its acceptance only gradually and in the face of active resistance from the exponents of various pre-scientific methods of establishing postulates for belief. Furthermore, the popularity of the scientific approach is due, not to any *a priori* acceptance of the scientific method, but to the contribution that it has made to the understanding of natural phenomena, and especially to the power over nature that it has given to mankind. In disciplines such as psychiatry, where its patient, laborious methods have not as yet made the phenomenal progress exemplified in the physical sciences, where dispassionate inquiry is difficult, and where confidence and a conviction of the correctness of one's belief aid success, it is not surprising that those whose work requires them to

¹ *Logical* is used in this article in the strict and limited sense of conforming with the accepted rules of logic. It is not used as a synonym for rational, or having a reason.

be interested in immediate practical ends should—unless well-saturated with a scientific attitude on entrance to the field or gifted with unusual foresight—fail adequately to apply scientific criteria.

The essence of the scientific method is the objectivity of the mental processes involved. This objectivity makes it possible for individuals with very different emotional orientations toward life to reach and agree upon the same scientific generalization. A mathematical problem, for instance, usually has but one satisfactory solution which will be reached by all competent mathematicians, regardless of their personal sense of values or general life adjustments, and even though they apply different methods of mathematical analysis. It must be accepted that this requirement of objectivity presents an obstacle to the easy application of the scientific method in areas of experience not readily accessible to objective control.

The phenomena of mental science typically differ from those of the physical sciences in two important respects:

1. They are less readily accessible to scientific investigation, since the making of observations, unless carefully planned, may significantly modify the phenomena observed. This problem is, however, not peculiar to psychological science. It is a frequent one in all the biological sciences and even obtrudes itself in such exact sciences as quantum physics. The processes of observing atoms result in their destruction.

2. The phenomena of mental science are, furthermore, especially accessible to certain types of pre-scientific investigation and formulation, by methods that every human being uses daily, and with which he became acquainted long before he even heard the name of science. By pre-scientific, I mean methods of investigation other than the scientific method. Non-scientific would describe them as well, if any prefer that term.

These pre-scientific methods depend upon the similarity of one human being to another, and are applicable as a result of what is known as empathy, identification, or emotional consonance.¹ They permit us, within limits, to realize the

¹ The basis of these pre-scientific methods is well stated in the opening paragraphs of an article, "Evaluation of Statistical and Analytical Methods in Psychiatry and Psychology," by Franz Alexander, in the *American Journal*

emotional state of another person, and to understand his thinking by considering how we would feel were we in his place, or how we feel when we speak or behave as he does. These crude inferences are refined by our allowances for what we recognize as differences between this other person and ourselves. This exemplifies in its simplest form what will be here designated as the method of interpretative inference.

We constantly rely upon such pre-scientific methods to guide our conduct in the practical demands of social living. That they may lead us astray, we can all testify, from our own experience. Yet we cannot do without them.

Relying upon pre-scientific methods, in an area in which there are admitted difficulties in the successful application of the scientific method, and working under pressure of the professional responsibility to bring all possible aid to sick individuals, certain therapists have formulated and systematized inductions and created systems of diagnosis and therapy that have been of value to many sick or maladjusted persons. The names of Sigmund Freud, C. J. Jung, Alfred Adler, Otto Rank, and their numerous followers could be mentioned.

It is not surprising that the exponents of these methods, having experienced some happy results by their employment, should usually consider them reliable and regard the conclusions obtained by their employment as established truths. The frequent successes of quacks and faith healers with functional disorders should make us suspicious of therapeutic success as evidence of scientific reliability. Nevertheless, some exponents of pre-scientific methods will maintain that scientific verification of their conclusions is unnecessary. Others, less critical, will maintain that they are using the scientific method.

Lest the purpose of this discussion be misunderstood, let me repeat that its aim is not to protest the use of pre-scientific methods in psychiatry and mental hygiene, but rather to indicate their relationship to the scientific method. It is my conviction that pre-scientific methods are necessary,

of Orthopsychiatry, Vol. 4, pp. 433-48, October, 1934. Further discussion, with interesting examples of interpretations arrived at by such processes and called emotional syllogisms (with what justification is not apparent), is to be found in "The Logic of the Emotions and Its Dynamic Background," by Franz Alexander, in the *International Journal of Psychoanalysis*, Vol. 16, pp. 399-413, October, 1935.

and indeed unavoidable, but that it is of the utmost importance for the development of psychiatry and mental hygiene that workers in these fields should clearly recognize when they are using one method and when the other. Since this difference is so frequently missed or denied, it will be necessary critically to consider the arguments of those who deny the difference in order to establish it.

Exponents of pre-scientific approaches sometimes insist that the scientific method in their field cannot be the same as that elsewhere. It should be emphasized that there is only one scientific method, wherever it may be applied. There are differences between one field and another in the methods of making observations and of formulating their interrelationships. These constitute no change in any essential of the scientific method. The scientific method takes for granted only two things—the correctness of repeated direct observations and the applicability of logical processes of inductive and deductive reasoning. What may be termed, by way of contrast, the “method of interpretative inference” must take for granted two things not identical with the foregoing—the correctness of repeated interpretative inferences and the applicability of inductive and deductive processes that sometimes do not appear identical with the logical processes of inductive and deductive reasoning.¹ The question of the identity of these processes with processes of logical reasoning will be waived, and we will turn our attention to a consideration, first, of the difference between an observation and an interpretative inference.

To recognize that, within the field of vision under the microscope, there is an object known as a cell nucleus, involves indeed, strictly speaking, an interpretation. It involves a synthesis of sensory impressions on the basis of past experience. This synthesis is sufficiently simple and sufficiently “intellectual” for us to classify it as direct observation. To recognize that within the field of vision in the office there is an object known as a child, engaged in an action known as thumb-sucking, is also, strictly speaking,

¹ For example, the over-determination of dream symbols, as described by Freud, would seem to imply that, from a given series of observations, the psychoanalyst determines a larger number of unknowns. This would not be possible in mathematics; the equations would be indeterminate.

an interpretation, and again this interpretation is sufficiently simple and sufficiently intellectual to be classified as a direct observation.

To infer from the child's behavior that he is deriving erotic satisfaction from thumb-sucking is to add to direct observation interpretative processes that are emotionally determined and that are inadmissible, scientifically. Directly or indirectly, it involves an inference on the basis of introspective knowledge of one's own psychic state or phantasy during behavior more or less similar to that observed in the child. Failure to make this distinction seems characteristic of those who maintain that the method of interpretative inference is an application of the scientific method. The following quotation exemplifies this:

"Also there are very precise observable differences in the attitude which the patient shows in the analytical situation, including attempts to keep the relation quite impersonal and to have an impenetrable politeness, a more or less covert attitude of suspicion, a general apprehensiveness or overt fear, a demanding attitude. . . . We may particularly observe emotional changes in reaction to the analyst's behavior or statements. . . . In the case last mentioned, I have learned from experience to distinguish clearly between the various elements just as a person trained in microscopic observation will see the details of tissue structure and recognize their importance where I would only see an accumulation of cells. . . . This much I would deduce from having observed these single trends: veiled antagonism+accusation—feeling dislike—a self-depreciative attitude—suffering+disposition to accept the suffering as an unalterable fate."¹

An astronomer, by means of his instruments, observes the position of a certain star; a chemist, in the process of analytical titration, observes the color change of the chemical indicator at the end point; a physiologist, with a kymograph tracing, observes the effect of adrenalin upon the pulse rate; a psychoanalyst, presumably sitting with her back to a couch on which the patient is recumbent, *observes veiled antagonism!* (One should note that this psychoanalyst does not *deduce* veiled antagonism, but deduces something from *observing* veiled antagonism.) One must conclude that what this author describes as observation is not observation, but interpretative inference.

¹ From "Conceptions and Misconceptions of the Analytical Method," by Karen Horney. *Journal of Nervous and Mental Diseases*, Vol. 81, April, 1935. p. 410.

To repeat, it is the essence of the scientific method to cultivate objectivity and to exclude subjectivity, since experience has taught us that there is a degree of dependability and of universality about scientifically objective formulations not attainable by other methods of investigation. The fact that objectivity and subjectivity are relative rather than absolute terms in no way alters the significance of the difference here expressed. The method of interpretative inference does not seek to exclude subjectivity, but, as some of its leaders admit, it depends upon it. For instance, Alexander describes "the specific nature of a psychological understanding of others" as being "based on the faculty of identifying one's self with another's psychic situations on the basis of introspective knowledge of one's own psychic situation."

Conceivably a trained observer may be able to report his own psychic state with reliability, although such a process would be wholly subjective, being concerned only with the subject himself, and would thereby be impossible of verification. But such an understanding as Dr. Alexander describes must depend upon at least the following steps:

1. Observation of the patient's behavior, or estimate of the patient's psychological situation.
2. Recollection of how one has felt during more or less similar behavior, or in a more or less similar situation; or imagining how one might feel during such behavior or in such a situation.
3. Making correction for one's estimate of the differences between the patient and one's self, and between remembered behavior or a remembered psychological situation and that of the patient.
4. Inferring the psychic state of the patient from 1, 2, and 3.

These are the processes through which Dr. Horney went when she said she observed veiled antagonism, and their character obviously places them outside the range of scientific control—the control of direct observation and of logical testing of presumed relationships between observations. These thought processes cannot be adequately tested by logic. It is the fact that these processes are beyond the range of scientific control that has led the exponents of the

inferential schools to seek to develop their own method of discipline.

As the foundation stone of this system of discipline, it is widely insisted that no one is properly qualified to apply certain interpretative methods to others until he himself has been subjected to a prolonged period of "analysis" in order that he may, among other things, be freed from those personal biases which would interfere with his recognition of what the patient may lay before him and consequently would cause him to fail in his therapy.

It is certainly inconceivable that prolonged and rigorous preparation of this type should be necessary in order to equip an investigator to hear his patient's words, to see his actions, or to apply logical processes. Were the preparation conceived as training in observation of others, it would consist in practice in observing others. The preparation is conceived as necessary to acquaint the investigator with the methods of interpretative inference and more especially to free his interpretative ability from the distorting effects of his own conflicts or obsessions.¹ Because at this point there is no scientific discipline in the method of interpretative inference, this interpretative discipline is substituted.

This brings us to the next consideration. If the method of interpretative inference is not the scientific method, may it perhaps be a method of equal reliability? If we waive the question of the validity of the reasoning processes actually used by the inferential schools and grant that logical processes can be applied to interpretative inferences, this reduces itself to the form: Are the interpretative inferences of an interpretative worker as trustworthy as direct observations by a scientific worker?

The history of science is the history of a struggle for objectivity. It is a history of the building of increasingly rigid barriers to exclude the intrusion of prejudice, preconception, personal emotional needs, intuition, and similar subjective influences from the testing of knowledge. Such exclusion has been found to be a scientific necessity, and it is recognized as such by scientists. Observations are carefully made, checked, and rechecked by various workers under controlled conditions. All the thinking processes by which

¹ This is well stated by Karen Horney, *op. cit.*

the observations are rationalized are made explicit, so that they may be rigidly tested by logic. This rigid discipline has been introduced largely to exclude the distorting and uncertain influences of the emotions.

Exponents of the schools of interpretative inference have pointed out occasional inadequacies in these defenses, have insisted that they were incompatible with real progress toward the understanding of human behavior, and have proceeded in a precisely reverse direction to develop their own "discipline" for the emotions. They seek not to exclude, but to understand and make allowance for the effects of their own emotional needs on their thinking. The following quotation bears witness:

"It is the common experience that keenly sensitive patients in a phase of positive transference become aware of the pet theories of their analysts, and to please them produce a certain type of dream again and again. Almost every analyst will have to admit that during his preoccupation with certain ideas his patients bring confirmation of his theories in an 'unexpected' manner. This is unquestionably a factor which might somewhat influence the statistical figures in such studies. This disturbing factor becomes less significant, however, through recent developments in the psychoanalytic technique, according to which the interpretation of content becomes secondary to the more dynamic procedure of making conscious the interplay of repressed and repressing forces. As we use the technique to-day, our interpretations deal more with the dynamic trends themselves than with their ideational content. Furthermore every experienced analyst will soon discover in patients the tendency to please by producing material confirming previous interpretations and accordingly he will try to counteract this tendency by making the analysis of it a part of the transference analysis, at whatever cost to his own narcissism. Such a distortion of the quantitative relationships through transference phenomena, even if present, cannot fundamentally change the dynamic picture since the patient can manifest only tendencies which exist in him and his wish to please can precipitate only the display of his unconscious trends."¹

It is true that the approach to human behavior through interpretative inference has thrown some suspicion upon the dependability of sensory observations and has shaken the overconfidence of the last century in the integrity of the logical processes. Yet the scientific worker finds the reactions of some adherents of the interpretative schools puzzling.

¹ From "Quantitative Dream Studies: A Methodological Attempt at a Quantitative Evaluation of Psychoanalytic Material," by Franz Alexander and George W. Wilson. *Psychoanalytic Quarterly*, Vol. 4, pp. 371-407, July, 1935.

Having discovered that objectivity and logic are not as objective and cold as was once assumed, they leap from this frying pan directly into the fire of interpretation of motives, conscious and unconscious, and of emotional responses, with the apparent belief that they solve the problem in this fashion. Are, then, all "experienced analysts," even, completely masters of their own narcissism? And might not obliging patients (under strong transference) produce the "proper" trends as well as the "proper" content?

The question reduces itself to this: Are precautions of the type described by Dr. Alexander an adequate guarantee that conclusions drawn from the interpretative approach may be accepted, if not as science—as Dr. Alexander, for example, would have us believe—then as the equivalent of science? It is not denied that the investigator still has emotional loyalties and biases, even though he has been "analyzed." We are asked to believe, on the one hand, that he will not permit them to color his conclusions and, on the other, that they would not have done so anyway. Yet may we not wonder whether this interpretative discipline may not create an emotional bias of its own? Since it involves a large outlay of time, money, and psychological discomfort, may it not, in fact, give its user a bias toward the correctness of the system he has been taught and for which he has paid so dearly? One psychiatrist who subjected himself to this discipline commented, with respect to the subtle, pervading pressure of the didactic analysis, "Every time you say, 'No!' it costs you ten dollars." An oversimplification, to be sure, but can we deny its influence?

The matter is further illustrated in the following:

"It is true that all are agreed by now on the necessity of an analysis, as complete as possible, for the would-be analyst, but does the recognition take us far enough? The analyst is presumed to be one who can recognize and handle satisfactorily the bias of his own unconscious, and is able to remain master of his own psyche throughout the analysis. In actual fact we know that this is very much a fancy picture, save in the case of exceptional natures. We know that the analytic situation can be used by the analyst, as it is by the patient, for the gratification of unconscious wishes, especially of those belonging to the pre-genital and infantile-genital phases (since the latter frequently have been but partially dealt with in the analyst's own analysis); or it may be converted into what Dr. Edward Glover calls 'a viewing

process,' thus gratifying the infantile wish to look at forbidden sexual objects; or the analyst may succumb to the temptation of becoming the consoler and savior—to mention only a few of the usages to which the process may be turned. Yet all such gratifications must be denied if the analysis is not to be wrecked, and in addition the situation is made more difficult owing to the sharp contrast between participants in it. . . . Since there can never be the 'completely analyzed' person, since the id and its powerful force can never be analyzed away, since (as Freud has shown us) the unconscious cannot tolerate more than a certain degree of deprivation without compensation, it seems that we are postulating a fictitious situation unless that compensation is forthcoming."¹

Can we call scientific a method that depends, for its reliability, on the adequacy of the id compensations its user finds in applying it?

One may ask, Could not the inferential worker make scientific observations and so obtain data from which scientific generalizations should be developed? The answer is, Yes, provided he were trained, or trained himself, to make such observations. But to do this he would have to sacrifice the whole of the inferential method, and disclaim all use of the pre-scientific skill he has so carefully cultivated. The inferential worker appears not ordinarily willing to do this.

When their conclusions are challenged by scientific workers, the more enthusiastic exponents of the inferential schools often reply not by logic, but by the fallacy of *argumentum ad hominem*. They do not meet evidence with evidence and logic with logic, but attack the motives of their critics and aim not to refute the argument, but to confute the arguer. The following is a classic example:

"With this argument the psychoanalyst definitely carries the war into his opponent's territory, by asserting that the alarm which certain psychologists have displayed as regards the influence of suggestion is a psychological reaction to the threat of exposure of their unconscious forces—a threat which, of course, the very existence of psychoanalysis entails. In so far as there is truth in this view, it is likely to prove ultimately of much greater avail than all the other lines of defense that we have examined. It makes it possible to show that the objections are themselves in the nature of neurotic manifestations of a phobia, whereas, if we once accept the objections at their face value, detailed refutation of them, however logically compelling, is likely to meet with

¹ See "The Psychological Compensations of the Analyst," by Barbara Low. *International Journal of Psychoanalysis*, Vol. 16, pp. 1-8, January, 1935.

no more success than is elsewhere encountered by attempts to combat a neurotic fear by conscious reasonings."¹

As in this example, the exponents of the interpretative schools often turn their backs on logic and confirm the fact that they are operating outside the framework of science by taking the discussion outside the arena of science through by-passing the argument and attacking the motives of the critic. The exponents of the schools of interpretative inference are, of course, entitled to their opinions of their critics and are free to express them. These opinions do not constitute scientific argument. In the scientific arena, as in the playing field, the rules of the game require that we "play the ball, not the man." It would not be difficult for the scientific worker to ascribe determining subconscious motives, or for that matter disreputable conscious motives, to the exponents of the schools of interpretative inference, if the argument is to be conducted in that fashion. Such an argument is not a scientific one. One cannot answer an opponent's logic by attacking his motives or giving explanations for his inability to recognize the truth one is revealing. To impugn his motives does not prove that his position is ill-chosen. To explain why one's opponent is not able to accept one's contention does not establish that the contention is correct. These defenses are presented by individuals so far removed from a scientific approach as to have lost touch with even the requirements of a logical discussion.

An alternative defense more usually presented is to challenge the critic to familiarize himself with the method and repeat the "observations." This does not alter the fact that, even though the critic were to be proselyted from the ranks of science, his previous objections, if directed toward the methodology of interpretative inference, remain unmet. To convert the critic to the method of interpretative inference would not make it scientific, any more than to convert him to Christian Science would make it scientific.

Scientific workers are sometimes justifiably annoyed with the type of logic that fails to distinguish between the adequacy of an established method and the adequacy of the data

¹ See "Psychoanalysis, its Status and Promise," by J. C. Flugel, in *Psychologies of 1930*, edited by Carl Murchison. Worcester, Massachusetts: Clark University Press, 1930.

to which it is applied, and that seeks to discredit an accepted scientific procedure by pointing out that it has been applied to faulty data.¹

The scientific worker will be less puzzled by the attitude of the psychoanalysts (who constitute the best organized and most aggressive group of inferential workers) if he will reflect upon the historical background of psychoanalysis and upon the slow evolution of logical thinking. Logical thinking is a recent product of culture, a discipline achieved through centuries of growth. Primitive languages are far more concrete and far less abstract than are European languages and do not provide the type of abstract concepts necessary for logical thinking. The discipline of logic could scarcely develop until necessary changes in language had gradually evolved. For all our generosity toward ourselves in accepting the name *homo sapiens*, pre-logical thinking is still, in at least some phases of living, more characteristic of us than are logical processes. The discipline of logic requires the sacrifice of many cherished prejudices, and it is more than occasionally that we are unequal to the sacrifice. Nevertheless, we have acquired such respect for logical thinking that we cannot preserve our own self-esteem unless we are able to look on ourselves as logical beings. We seek rationalizations for our dearest prejudices so avidly that we often adopt illogical positions and delude ourselves into believing them logical.

The realization of these truths was one of the significant factors in the early shaping of psychoanalysis. The extent

¹ As an example of this there may be mentioned the paper by Dr. Franz Alexander already cited, *Evaluation of Statistical and Analytical Methods in Psychiatry and Psychology*. Dr. Alexander expounds the following hierarchy of scientific procedures: (1) controlled experiment; (2) study of the experiments of nature (clinical observation, observations in geology and astronomy); (3) statistical method.

It may be pointed out that statistical method is not a separate method of observation, as Dr. Alexander conceives it to be, but merely a device for reducing the effects of random factors from observations made by one or other of the first two methods. The science of genetics has been built up largely through the application of statistical methods to observation in controlled breeding experiments, and this method of analysis has proved sufficiently adequate to permit locating the genes on the chromosomes. However, in the mind of the author here cited, statistical method appears largely identified with questionnaires, and because, with some justification, he doubts the validity of the responses to questionnaires, he relegates the statistical method to an inferior position in science.

to which logic may be used in the defenses of an irrational position was early recognized. Emphasis was focused, not upon the correctness or error of the patient's rationalizations, but upon the desires, fears, and conflicts that lay behind them. The rationalization was not met in the field of logic, but was brushed aside with the attitude that critical examination of its merit would be fruitless, and attention was focused upon the motives behind the rationalization. This pattern was so constant and became so engraved that the word rationalization itself has acquired a derogatory connotation.

The comparative isolation from other fields of inquiry in which psychoanalysis developed, the resultant intellectual inbreeding, the continual attention to primitive and pre-logical types of mental processes, the development of a language more suitable for the communication of pre-logical modes of thought than for precision or clarity, produced a type of mental functioning that appears curiously naïve in certain aspects. A type of thinking that was developed to recognize motives, conscious or unconscious, an ingrained habit of ignoring the logic of an argument and passing over to the motives of the arguer, patterns developed as suitable for a treatment relationship, are to a varying degree consciously or unconsciously carried over into a presumably scientific discussion. The fallacy of *argumentum ad hominem*, for instance, is usually given apparently in good faith, with the assumption that it is a logical argument directed to the point at issue. There will need to be an infusion of more of the critical faculty into psychoanalytic thinking before an attempt to synthesize it with the thinking of scientific workers can offer much promise of success. In the meantime it should offer much stimulus for the scientific worker.

The continued lack of agreement among the exponents of the various interpretative schools in regard to fundamental questions which each regards as settled must be taken as evidence against the reliability of the interpretative approach for establishing the equivalent of scientific proof. The degree of agreement that obtains within each of the main schools is to be explained in part by the prestige and authority of the leaders and the carefully planned efforts to create a group discipline. However, three disciples of Freud—Jung,

Adler, and Rank—have broken away and established protestant groups.

There appears little tendency for such groups, once separated, to converge, as has commonly occurred with scientific groups of divided opinion. Were the method of interpretative inference as reliable as the scientific method, we should expect this to occur. The method of interpretative inference has to date been inadequate to establish satisfactory agreement between workers of different interpretative schools.

Are scientific advances possible in those fields of mental hygiene now dominated by the interpretative methods? There seems no reason to assume that they are not. All that can be said is that to date there has not been very great advance.

In other fields of inquiry into natural phenomena, the scientific method has been found the key to successful advance. Are the problems of mental hygiene such as to make its application here impossible? Important advances by scientific method have been made in other fields of psychology, such as in the determination of abilities, and in the study of the psychological effects of brain injuries.

There are, of course, particular difficulties in the investigation of emotional life and motivation in that the presence of the observer or the making of the observation may constitute a condition that modifies the response. This problem is not peculiar to this field, although it is particularly prominent in it. It should, perhaps, be emphasized in this connection that the scientific method is not unadapted to the investigation of subjective phenomena; indeed, it has been repeatedly used for the investigation of subjective phenomena. It is possible to use subjective phenomena as the data for objective study just as it is possible to study objective data subjectively. For instance, scientific progress is being made in the study of attitudes. An attitude is highly subjective, but an attitude recorded may be an observable datum for a scientific investigation.

The investigator needs to distinguish between what may be legitimately classified as direct observation and what is an interpretation of direct observations. Also, he needs to be aware of the gap between the patient's subjective experience and his description or recording of it. The patient

may be a neurotic—or a liar. This means that one must recognize that one does not observe the patient's subjective state. It does not mean that studies based on his description of it are valueless. *But they are scientific only from the point where the data are accepted. The gap between the patient's subjective experience and his response is not subject to scientific control, except as one may choose to depend upon the patient as a scientific observer of his own subjective state.*

To accept the objective of the attainment of scientific knowledge as desirable is not to deny to the interpretative method a major place. Obviously, it will always be necessary in the treatment of the individual case. The rôle of the scientific method is to simplify experience by establishing relationships between events, by discovering universalities. No matter how vigorously this task may be attacked, the phenomena of human life are obviously so complex that the task will never be complete. The approach to the individual case will always include pre-scientific methods. The psychiatrist will always find it of value to seek to understand the patient as another human being, with aspirations, feelings, antagonisms he can more or less sense through identification and emotional consonance. He will always find it of value to cultivate his powers of interpretative inference. The question at issue is: Should these pre-scientific methods be used against a background of scientific knowledge of psychiatry, or are they so adequate in themselves that there is no need to cultivate scientific knowledge?

To use a very simple illustration, a psychiatrist who has sensed a particular desire on the part of an adolescent boy to become a locomotive engineer is in a better position to be of service to the boy if he has determined through scientific investigation that the boy is color-blind and cannot distinguish a red light from a green one. In such an instance, the expert is using a necessary pre-scientific approach to the individual case against a background of scientific knowledge and investigation. With scientific advance, the scientific aspects of such work will take on increasing importance, but never to the point of entirely displacing the simple, human, interpretative, pre-scientific method of approaching the problem.

What does a scientific attitude imply in the relationship

of a psychiatrist to his work? He will certainly continue to use interpretative insights in all situations in which they may be of use to him. He will continue to cultivate his interpretative ability. On the other hand, he will be cognizant of the distinction between what he observes and what he infers and will hold his inferences tentatively. He will be cautious in presenting his own inferences, ready to recognize, but cautious about accepting the inferences of others. In place of asserting, "This shows," or, "This proves," he will make some such statement as, "This behavior may be rationalized in the following manner." Realizing the tentative character of the inferences, he will not be in a hurry to build a theoretical superstructure too high above what he can accept as solid ground. Having accepted the lack of finality in the method of interpretative inference, he will not need to substitute authority or dogmatism for evidence. Above all, he will be keenly interested in all experimental efforts to check the validity of formulations based on interpretative inferences or to arrive at other formulations directly. He will be interested in experiment not merely to elaborate or to decorate formulations based on interpretative inferences, but as a touchstone to test them. He will prize this touchstone more highly than his own interpretations, or those of his teacher.

To summarize, much of the confusion in psychiatry and mental hygiene is related to the competition of two systems for the establishment of psychiatric theory—the scientific method and the method of interpretative inference, which must be classified as pre-scientific.

The scientific method depends upon observation and logical processes. It has the advantage of a well-substantiated reliability. It is frequently difficult to apply in the psychiatric field.

The method of interpretative inference depends upon the ability to sense or to infer the emotional state of another person. It has the advantage of flexibility and ready applicability in psychiatry and mental hygiene. It has the disadvantage that it is not subject to logical control. The methods of self-discipline that have been developed for its user are inadequate to insure satisfactory control of emotional bias, as exemplified in the fact that investigators

who begin from different points fail to reach a common conclusion. It cannot establish scientific laws, and there is no indication that it can establish the equivalent of scientific laws. In some broad form it is useful and necessary—indeed indispensable—in psychiatric work with the individual case. In view of the tentative character of interpretative inferences, it would seem that we should not be in a hurry to build or to accept a complicated theoretical superstructure based upon this method and unverified by scientific test.

These two methods, the scientific and the method of interpretative inference, are actually complementary. The method of interpretative inference is most useful in working with the individual case, or in developing working hypotheses. The scientific method is necessary to test these and other hypotheses before they are accepted as science.

INDUSTRIAL MENTAL HEALTH*

LABOR'S PLACE IN AN INDUSTRIAL MENTAL-HEALTH PROGRAM

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A BRAHAM LINCOLN said that God must love the common people—He made so many of them. Applying this same slant of thought to the topic of this meeting, I suggest that labor has a very large place in any program of industrial mental health, because the workers constitute the greatest bulk of the personnel employed in industry.

As I see it, labor has two places in such a program. First, there is the rôle of the individual worker whose mind may be upset by some problem, industrial or personal, to the point of reducing his or her effectiveness on the job. This means that the individual worker, as a potential beneficiary of a mental-health program, has a large stake in the success of such a program.

Second, there is the rôle of the workers as a group, organized in their unions, whose acceptance or rejection of such a program will, to a large degree, determine its success or failure. Within the limits of this dual rôle of labor in a mental-health program for industry, I think we can define the perspectives for labor participation in such a program, and weigh the possibilities of its success.

First of all, I think that organized labor, as a whole, generally realizes and appreciates the need for a program that aims at making workers happier and more contented on their jobs. This goal has, in a sense, always been the basic objective of the organized labor movement. It is true of course that the emphasis of our organizational activity has been focused on improvement of the worker's economic lot, this being the shortest route to a higher level of happiness and

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contentment for our people. But the fight for our right to work collectively for the material advancement of the worker has been so bitter and so prolonged that we have had small time to devote to improvement of our mental, medical, and cultural environment. It is tragic that this should be so. In a democratic society such as ours, motivated so powerfully by industrial dynamics, and with the lives of so many millions linked directly to industrial activity, our major cultural endeavor ought to be directed toward safeguarding the personality and the human dignity of those assigned to the monotonous task of tending machines.

That is precisely what the enlightened labor movement of to-day seeks to accomplish: to establish the dignity of the worker as a human being, to develop his or her personality, to safeguard his or her individuality, and to provide compensating cultural opportunities sufficient to offset the monotony of long hours of pushing buttons and pulling levers. And I think that the foregoing objective could very well be set forth as the goal of a program of mental health in industry.

To achieve this goal, or even to work toward its achievement, a program of mental health in industry must, in my opinion, adhere rigidly to three very basic principles:

First, the right of the labor unions to participate fully in the formulation and implementation of the program should be firmly and clearly established. This is vital for a number of reasons.

We of labor want to be assured, for one thing, that such a program will not be misused by individual employers, or groups of employers, as a weapon of subtle attack on labor organizations. The best way to provide this assurance is to make a place for labor representatives on the councils charged with the responsibility of planning the program.

For another thing, the program should prudently avoid invading the jurisdiction of the grievance procedure in plants operating under collective-bargaining agreements. This is not to suggest that all employers would subvert the program and use it for purposes of anti-union activity. But some might try so to subvert it and to use it for selfish purposes. We must provide adequate safeguards against such

potential abuses. In the field of government, we have laws to protect each individual against the whims and weaknesses of other individuals situated in positions of authority; so, in our mental-health program for industry, we must insure against misuse of the program by irresponsible individuals, either of management or labor. For this reason, it is essential that, in implementing the program, those problems relating directly to conditions of employment covered by collective-bargaining agreements should be handled through the routine grievance procedure.

There will, of course, be instances in which a collective-bargaining problem will result in a mental-health problem affecting an individual worker. In such a case, the union steward or committeeman in that particular shop locality should be responsible for helping the troubled worker. This is another good reason why the union should be so integrated into the program as to enable its leaders to recognize problems of mental health and know what to do about them. The union to which I belong, the UAW-CIO, is at present training union people to serve as counselors in the plants. This is a sign of progress which invites the notice of other labor organizations.

To sum up this point, I would say that the best way to prevent conflict between the mental-health program and the union grievance procedure is for the union and the employer to work the program out together and agree on their respective areas of responsibility.

The next principle I wish to propose for the program of industrial mental health is a negative one. It is that the program should not be paternalistic.

This does not mean that we of labor want management to be totally cold and indifferent to the welfare of the individual worker. We welcome the active concern of employers with the welfare of single workers or groups of workers. But there is a difference in employer attitudes. Some employers regard the workers as mental infants, to be endlessly coddled because they are incapable of helping themselves. Other employers look upon the workers as adult human beings, capable of asserting individuality and developing personality. The former are themselves in need of

mental-health treatment; the latter deserve encouragement and applause.

Paternalism is degrading to the worker. It assumes that all workers are victims of arrested mental development; that they can never develop sufficient personality and individuality to do things for themselves; and that, therefore, the employer, acting the rôle of a kind of benevolent industrial lord, must forever perform the fatherly duty of wiping the worker's nose. We of labor object to this philosophy. Even if an employer showers his workers with paternalistic bounties, we still don't like it. We like the bounties, but we don't like the spirit in which they are given under paternalism.

I recall at this point the bonuses paid to me when I worked for Chevrolet in the period immediately preceding the organization of the U.A.W.-C.I.O. These bonuses did not prevent me from joining the union. I wanted more than charity, more than money. I wanted to be a human factor in the productive mechanism, to get joy from my work, and to assert myself in plant affairs. Paternalism in the form of bonuses could not fulfill my desires; the union could and did.

A mental-health program for industry, if directed solely by management, could easily degenerate into a pattern of paternalism. As such, it would not safeguard individuality or develop personality. It would simply cultivate a dependency of the worker on his employer and tend to intensify the mental-health problems in the plants. The way to avoid paternalism in such a program, here again, is to provide for union responsibility and participation in the carrying out of the program. Through their union organization, the workers should be permitted to apply what talents they possess to the solution of mental-health problems at the shop level. Thus paternalism will be avoided, and the program will induce the workers to coöperate in making it work.

Finally, I submit as my third principle the assertion that development of a mental-health program in industry is not merely an act inspired by the compulsions of our war-time emergency. Some may look at it that way. I know that we of labor, having to deal with the Labor Board, the War Production Board, the Manpower Commission, the Office of Price Administration, and other war-time government agen-

cies, recognize the inducements to insanity that characterize labor relations to-day, under the pressures of war. The employers are no doubt equally strained in a mental sense by the complications involved in managing war-production plants. This is one thing we have in common, about which there is no dispute. In this respect, at least, the war has sharpened our need for a real program of mental health in industry.

But this is more than a war-time problem. It is a problem that we of America inherited with the industrial revolution, a problem that we have not yet begun to solve. Assuming that, as every one hopes, we move forward to an era of full employment and total production for peace in the days to come, we shall still not have solved the basic problem affecting our industrial society. That problem is the task of so ordering our industrial structure as to elevate the average industrial worker—the machine-tender, if you please—from the status of a cog in the machine to the status of a free man who feels that he is master of the machine and capable of directing his own destiny. He is certainly not that to-day.

Monsignor L. G. Ligutti, of Creighton University, in his book, *Rural Roads to Security*, deals extensively with this phase of our industrial structure. He says:

“The industrial worker too often is valued not as a person, but as a thing, to be used or replaced at the whim of an employer. . . . The industrial worker too often is mechanized—reduced to subhuman condition because he is made an irresponsible workman.”

To support his thesis, the good Father Ligutti quotes from the writings of three authors. First, he quotes the following from *Work and Property*, by Eric Gill:

“We are witnessing nowadays not the control of machines by men, but the control of men by machines. . . . Every day fresh improvements are being made, more and more machines are becoming automatic—that is to say, the human workman is becoming less and less necessary. More and more the human workman is becoming simply a minder or tender of machinery, and less and less is he responsible for the form and quality of what the machine turns out.”

Next, he quotes the following from *Means and Ends*, by Arthur Penty:

“Mechanical labor injures a man physically and stunts his personality. Men who labor under such conditions cease to be normal; and

ceasing to be normal, they seek not culture in their leisure time, but external distractions, for the pursuit of culture demands a measure of mental concentration and self-control of which they are incapable."

Finally, he quotes the following from *This Ugly Civilization*, by Ralph Borsodi:

"If each new invention, if each new automatic machine, if each new factory means a degradation of a particular type of labor, then cumulative inventions, cumulative labor-saving machinery, cumulative industrialization, must involve a cumulative degradation of labor. With the perfection of factory production, the degradation would reach its apex. The work he did would express nothing of the worker's own capacities. The worker would become an automaton. He would have to compensate himself for his dehumanized labor by the increased joy he would get out of the consumption of the things which greater production and lower prices would enable him to buy. Having been cheated out of all chance to get happiness out of his work, he would have to be satisfied with the happiness he could extract from an even-increasing consumption of factory-made products."

Gentlemen, I concur in the views of Father Ligutti and the supporting opinions he has assembled to document his contentions. I do not concur because I have read these things in a book, but because I have personally spent ten years as a production worker in the automotive industry—ten years of operating welding machines, lathes, grinders, punch presses, and milling machines, interspersed with monotonous hours on the assembly lines. It is out of this experience that I base my concurrence with Father Ligutti's views and the views of those he cites in support of his opinions.

I have seen workers smash their machines, sheerly out of frustration, desperation, and the mental strain of monotonous work. I have seen fights break out in the plant, because of tension and strain arising out of job dissatisfaction and monotony. I have gone with my fellow workers to the beer joints at the end of the shift to ease with alcohol the strain of fast, monotonous labor. If time permitted, I could cite you some interesting cases of mental disturbances arising purely out of the inhumanity and impersonality of modern industrial operations.

The goal of a realistic industrial mental-health program ought to be correction of these conditions. There is a cultural challenge here in the impersonality of our factory system; it is a challenge to labor, a challenge to manage-

ment, a challenge to government, a challenge to the medical profession. I believe that the impersonality of our industrial structure is a potent factor in the convulsions of war and dictatorship that to-day beat at the bastions of our civilization. The problem of preserving peace—when we have won it—and of guiding mankind toward higher levels of civilization is, in my opinion, largely contingent upon our capacity to make human again the workers who tend our machines.

In closing, I repeat again what I believe to be the goal of the modern labor movement: To establish the dignity of the worker as a human being, to develop his or her personality, to safeguard his or her individuality, and to provide compensating cultural opportunities sufficient to offset the monotony of long hours of pushing buttons and pulling levers. On second thought, I add an amendment to this goal: To open up to the worker avenues through which to express his or her talents and capacities, so that the industrially employed can find an interest in their work, so that they can feel that their job is important to themselves and to society.

If an industrial mental-health program serves these ends, it can contribute much to the vitality of a growing democracy.

THE OVER-ALL MENTAL-HEALTH NEEDS OF THE INDUSTRIAL PLANT, WITH SPECIAL REFERENCE TO WAR VETERANS

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THIS is for me a very special occasion. Just about a year ago, in Detroit, I attended a similar meeting on the same subject at the Ninety-ninth Annual Meeting of the American Psychiatric Association. The discussion immediately captured my interest and afterward there came a strong conviction that this would be my field of work. Until then I had looked forward to going into private or group practice. Not long afterward the opportunity came to become plant physician at Linden and to work with a good many veterans of the present war.

We have, in fact, over five hundred veterans now, and

their presence has accentuated the need for a sound over-all mental-health program. About 20 per cent of these men were discharged for neuropsychiatric reasons and most of the remaining 80 per cent have more or less difficulty in adjusting to civilian life. The following elements are important in their adjustment in industry—(1) a job; (2) opportunities for training; (3) a means of integrating their military experience into the whole of their lives; and (4) a high level of mental health in the plant.

The first two points I have discussed in a previous paper.¹ Here I want to deal especially with the last two.

A Means of Integrating the Veterans' Military Experience Into the Whole of Their Lives.—We realize the necessity of integrating the veterans' military experience into the whole of their lives if they are to make a satisfactory adjustment. They have gone through the disturbing experiences of entering military life from civilian life, and now they are suddenly called upon to reverse the process. It is not at all surprising that many are unstable and difficult at this time. In service they were trained to have as their chief objectives the destroying of the enemy and the preservation of their own lives. Thus their training was largely a reversion to more primitive modes of behavior, with emphasis upon intense sensory and motor functioning. No wonder, then, that they find it hard to "settle down," and that they have strong appetites and desires.

With all the mental and emotional conflicts and tensions in these boys, the important thing is that they shall not stop fighting, but shall continue to use the courage, discipline, and other qualities that they gained in service. This will not only effect an adequate integration, but will also release their energies creatively instead of inhibiting them.

This was impressed upon me recently in the case of a boy who had sustained a fairly severe head injury while serving in the navy in the South Pacific. Like so many boys with head injuries, he was rather unstable, tense, and jittery for several months. He returned to the plant, however, and, thanks to a very game spirit, was able to work for some

¹ "Who Can Work—Neuropsychiatric Aspects." *Industrial Medicine*, Vol. 13, pp. 533-35, July, 1944.

time. He felt very keenly the conflicts, bitterness, and tensions in the plant and tried to produce a spirit of coöperation to reduce them. However, in the end they were too much for him, and he slumped into a depression, losing over a month from work. We finally got him to come to the office and he is making a gradual come-back. He has faith and a fighting spirit and that is the thing that we feel will pull him through.

This case made me realize keenly how important it is to help the veteran see clearly that for him the war is not over when he returns to civilian life. It is our job to arm him to win out in the war on the home front. He needs to realize, too, that fighting on the home front is more than doing a good job at his bench, buying war bonds, and coöperating in the rationing program, important as these are.

We are trying to show him not only what we are fighting against, but what we are fighting for. So many of these boys have only a very hazy idea of the real issues of the war. About all they see is "going back to the good old days." This is a dangerous state. If they don't stand for something, they will fall for anything. They need to realize that we are fighting two wars—the war of arms and the war of ideas—that other war of which the war of arms is one phase. They can fight now as hard in this war as they ever did in the war of arms—as they work to build a new nation, "strong, clean, united," in the words of Admiral Richard E. Byrd. As General Pershing says, "This is a war of ideas. It is a battle of faiths. It can be won and peace made lasting only if what we believe in is strong enough to win." The veterans can go right on using every bit of their energy, endurance, discipline, courage, and loyalty in this war.

On the other hand, there is real danger of their losing these qualities under the corrosion of slipping moral standards, apathy, and the "gimme" spirit in the civilian population. Many of the veterans have told me of their discouragement and disillusionment on coming home. They wonder whether their sacrifice was worth while after all. "These civilians don't know what the war's all about."

A High Level of Mental Health in the Plant.—In order to

prevent the veterans from becoming disillusioned, we will need a sound over-all mental-health program—a program that is more than helping individual cases, important as that is. The object of such a program is to develop in the life of the plant the spirit of teamwork and of caring for the other fellow. In the atmosphere of such a spirit, the veteran will find it a lot easier to readjust and to achieve personality integration. Without such a spirit, we will be fighting a rear-guard action—with the risk that our efforts will be nullified by the negative influences in the organization.

Recently we had a very interesting experience. A tall, thin, high-strung young fellow named Jim came to the dispensary complaining of anorexia, loss of weight, and insomnia. On inquiry, I found that since starting to work at the plant over a year ago, he had had frequent disputes with his foreman. He had called his shop committeeman in on an average of once a week. His foreman, a pleasant, stable chap, said that he had never been able to figure Jim out. After we had talked for a while, he began to see why Jim reacted as he did. I challenged him to build a spirit of coöperation with Jim. The next week Jim came to the dispensary, smiling broadly. He had gained two pounds.

"You know what happened?" he said. "The foreman apologized to me."

From then on teamwork grew—and the man's health with it. "Honest apology makes honest peace."

Another point in developing the atmosphere of teamwork is that of deciding issues on the basis of "What's right" rather than of "Who's right." This principle was applied by the vice president of a certain firm in Canada. He found that an employee of over twenty years' standing had become a trouble maker. The common remedy was proposed: "Fire him," said the assistant manager. The vice president, however, tried to find out "what was right." He learned that the man concerned had a just claim for compensation for an injury received long before, but that the claim had not been properly dealt with. He wrote a letter to the man expressing the regrets of the company, had a check for the full amount made out, took both letter and check to the spot where the

man was working, and apologized in person for the affair. This was something new in human relations as far as that company was concerned. The attitude of the men and the atmosphere of the place improved, with sullenness giving way to coöperation. The man who had been a bottleneck became an asset to the company.

In order to build the spirit of teamwork, we need to develop leaders who are willing to "stick their necks out" for the things that they believe in. We need leaders who put national need ahead of self-interest and think for the whole organization—and aggressively develop the same qualities in others.

Such a leader was S., a shipfitter in a certain West Coast shipyard. About a year ago, the morale of the yard dropped to an all-time low, when the length of the work day was cut to eight hours, thus eliminating the heavy overtime pay the men had been getting. There was considerable grumbling and there were threats to quit. S. got some of his friends together and put it up to them to back him in fighting for a better spirit in the yard. Not long after that an emergency job had to be done out on the deck of a ship. It was raining hard and most of the shipfitters were all for working indoors, but S. and his friends said, "Let's go, boys. We've got a war to win!" and went to work on the deck. Shortly afterward the entire gang was hard at work—in the rain.

The new spirit spread to other parts of the yard. One night the painters "did the impossible" and doubled production on a rush order. Another night S. and his friends persuaded a crew of eight to stay on with them to complete certain work and ready a ship for her trial run.

As a further result, a number of the men returned to the company money that had been overpaid them on their checks. One of the men wrote: "The sum involved was of little importance, but the honesty of the men is important if we are to have teamwork on the job and teamwork in industry."

S. and his friends illustrate what a determined minority, even though small, can do to affect the spirit and morale in a plant, removing friction and tension and building teamwork and an atmosphere in which people give their best.

SUMMARY

1. We feel that the returning veteran in his readjustment to industry needs:
 - a. A suitable job.
 - b. Opportunities for training and advancement.
 - c. A means of integrating his military experiences into the whole of his life.
 - d. A high level of mental health throughout the plant.
2. Successful integration of the veteran's personality requires the moral force of a dedication to national service, so that he does not stop fighting, but continues using the courage, discipline and other qualities he gained while in uniform.
3. An adequate mental-health program for the plant is concerned not only with the needs of the individual, but also with the "human environment"—the spirit of the people, from manager to janitor.
4. Creating a spirit of teamwork and understanding requires unselfish and aggressive leadership which is concerned with the needs of the plant as a whole, against the background of the nation. Building this type of leadership is essential to victory in the war of ideas.

PSYCHOTHERAPEUTIC ASPECTS OF
FOREMAN CONTACTS

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FOREMEN as a group are conscious of their position as first-line representatives of management, and are eager to learn and to improve their skills in dealing with the men and women with whom they are in daily contact. Job-relations training courses and the mass of pamphlet material on human relations, with which they are constantly besieged, tend to keep them aware of the necessity for social as well as mechanical skills on the job.

In terms of the human elements, the "in-between" posi-

tion of the foreman is delimited by individual problems and grievances, on the one hand, and the relentless demands of the production schedule for more effective group action on the other. War-time experiences with many substandard workers, and now the anticipation of new problems in connection with the rehabilitation of returning service men, have both served to focus attention on the foreman's key position on the industrial human front. In this setting it must not be forgotten that the foreman himself is also a human being—that he, too, has personal problems, and is often greatly concerned over his successful adjustment and future security.

There is little wonder, therefore, that foremen seek constantly to develop more effective methods of working with people, and will grasp at almost any suggestion, regardless of the source, that holds out hope of giving practical help. The degree of this interest was well shown by a recent questionnaire circulated among 350 foremen in a large Detroit war plant. Inquiry was made concerning eight proposed units for further instruction in the next supervisory training program. At the top of the list, 57 per cent of the foremen desired more instruction in "handling people," and, in third place, 41 per cent indicated their continuing interest in the subject of "personal relations."

Foremen also made clear their desire to have this information presented in every-day language, given from a practical, common-sense point of view, tied in with their current problems, and taught by an able instructor in an interesting manner. All this serves to emphasize that the preparation and presentation of effective supervisory training programs along sound mental-health lines, particularly at this time, is a real challenge to the best efforts of industrial personnel workers, psychologists, and psychiatrists.

The principles and techniques of mental hygiene can be brought to foremen through two main channels—group-training lectures and conferences, and direct individual interviews and consultations about selected problems of adjustment. These two methods must be considered as continuous and interrelated in any active, up-to-date educational program. Experiences gained from study and analysis of specific individual and departmental problems must constantly be woven

into the content of training programs, and these should be high-lighted by case presentations.

"Canned" talks, of a formal or theoretical nature, on the general subject of industrial human relations may whet the appetite, but they often fall short of meeting the full needs of foremen. These needs include pointed discussions on workable techniques as they can be applied to the daily problems of each foreman in relation to departmental efficiency, operating control, and meeting schedules. It should be remembered in this connection that the interpersonal relations of foremen involve not only the two well-known levels of worker below and executive above, but also coöperative contacts with men on their own level, in their own and other departments, and on different shifts. An impasse on this horizontal plane can result in serious "production log-jams," which are as serious to plant operation and morale as friction and constant misunderstandings in the vertical direction.

The foreman's part in the reëmployment and rehabilitation of returning service men provides an excellent vehicle for reviewing all the steps involved in placement, medical follow-up, transfer, handling of problem cases, and methods of referring cases for specialized attention where this is indicated. In many instances this will involve sharing confidential medical information and close coöperation with a trained coördinator working in the personnel department. Excellent teaching material is already available from experiences with men who have returned from military service, and it is important that cumulative records of these experiences be kept in a confidential file. Foremen's opinions and methods of handling will naturally form a considerable part of such records.

Although his work is seldom signified by that name, the good foreman must in effect be a psychotherapist, even if only on an amateur standing. Among other things, this means that he never uses rule-of-thumb procedures in handling individual contacts with his men, and that he aims to treat and prevent causes rather than symptoms of undesirable work habits and attitudes. Like psychiatrists, foremen are constantly faced with the need to boil down problem situations to ultimate elements, which can then be dealt

with. Foremen realize that interest, ingenuity, and time are required to uncover the worker's inner emotional wants and needs, and to redirect his energies into mutually constructive channels. They are especially eager to learn brief interview techniques which will render their daily contacts more effective.

While there will always be a considerable number of employees who are in definite need of special psychiatric care, industry will never be able to provide enough psychiatrically trained physicians or other personnel to carry out the necessary therapy on an individual basis. A logical compromise approach is through increased training and use of foremen as therapists. The industrial psychiatrist can readily serve as a consultant to foremen, and can use the individual cases that are referred to him as teaching material in the training of foremen. In this way foremen can gain confidence in methods that are scientifically approved. Artificial and misleading distinctions between industrial and non-industrial causes of adjustment difficulties must be removed if understanding and therapy are to be truly effective.

In his work with individual foremen, the industrial psychiatrist encourages them to formulate personality factors in their own words, and focuses attention on features of each situation that they can influence. Attentive, considerate listening and an atmosphere of objectivity must be demonstrated by the psychiatrist's own actions. Traits of interviewing employed in foreman contacts can thus be caught by example.

Sometimes it is feasible to carry out employee interviews in the foreman's own office, with him present in a joint consultation. Here the psychiatrist has a dual object of giving the worker an impartial hearing and at the same time demonstrating to the foreman a technique of interviewing that uncovers springs of motivation, then enlists the worker's active participation in the solution of his own problem. Quite often foremen who are impressed by the success of this method are frank in appealing for help in regard to their own personality problems. It goes without saying that the insight thus gained has a reciprocally beneficial effect both on

the foreman's attitude and on his management of subsequent problem situations involving the human element.

The development and application of such a pragmatic in-service psychotherapeutic training technique is a challenging, but virtually untouched front of industrial psychiatry. The tooling of psychiatric methods for effective use on the foreman's level is clearly one of the outstanding needs in the field of industrial human relations, and this need will certainly increase in the post-war period.

THE ROLE OF THE PLANT PHYSICIAN IN AN INDUSTRIAL MENTAL-HEALTH PROGRAM

KENNETH E. MARKUSON, M.D., M.P.H.

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AMERICAN industry in the past three years has accomplished the well-nigh impossible. It has made our army the best equipped in the world and in addition has furnished our allies with many of the essentials that have made it possible for them to cope with our common enemy. Germany and Japan greatly underrated America's potential productive power, or were of the opinion that a speedy victory could be achieved before our industries could re-tool for war. They were badly mistaken.

The battle of production continues, but it is becoming increasingly difficult. Battles are not won without casualties. Industry has lost thousands of its soldiers to the armed forces and these have had to be replaced from those groups formerly considered unemployable because of age, sex, or disability. Our reserve of trained man power has vanished, and in order to continue the job we must resort to the use of every available man and woman. In addition to those groups mentioned above, many workers can be obtained from the ranks of veterans now being discharged from military service. Before returning to civilian life, however, many will have to be rehabilitated either physically or mentally. Industry has long realized this fact, and our large industries in particular have already established comprehensive programs for this purpose.

Selective Service Headquarters have reported that 1,160 Michigan men were discharged from military service during the month of March, bringing the total number of discharges in our state to 47,261 since Pearl Harbor. No doubt the monthly total will soon reach two or three times that number. It has been estimated by some authorities that 50 per cent of the discharges are for neuropsychiatric reasons. These figures indicate the extent and severity of the problem, but they do not present the entire picture. Many of those now employed or those about to enter industrial employment for the first time will have difficulty in becoming satisfactorily adjusted to a new environment, involving contact with hundreds of fellow workers, continual supervision, and a maze of industrial machinery, with its incessant noise and demands for punctuality.

While the problem of physical rehabilitation is huge, in most sections I believe it is being met satisfactorily. I do not believe that the same can be said of the rehabilitation of those mentally disabled, nor do I know of any extensive programs now in progress. Dr. Himler and Dr. Eadie have recently instituted such programs in two of the General Motors Corporation plants—programs that merit our attention and our praise. I am sure that other large concerns will also give serious consideration to the inclusion of psychiatry in their medical departments. But it will require much more than this to provide adequate mental-health programs for our workers, since over 60 per cent are employed in plants with a population of less than 500, in which medical services are inadequate.

Just how such a program can be developed for these small plants I do not know, but the problem certainly merits serious consideration and action by the American Psychiatric Association. In my opinion, psychiatry has been remiss in its approach to many of the difficulties that confront the medical profession to-day, particularly in industrial medicine. As I recall my medical curriculum, very little time was devoted to the mental diseases and practically all of that was devoted to the study of the frank insanities. We skipped merrily over the border-line cases or the psychoneuroses, which are so

numerous and which present industry with a most serious problem.

In this respect I should like to quote from one of your own school—Dr. George H. Preston, Commissioner of Mental Hygiene for the State of Maryland:

“Psychiatry suffers from words. Look at some of the words: schizophrenia, hypochondriacal, hebephrenia, masochism, pathergasias, psychosis, psychoneurotic, manic-depressive, psychoanalysis, dissociative dysmnestic disorders, narcissistic. These are beautiful words and, once you have mastered them, you can lead them around as pets. They serve much the same purpose as a vicious-looking bulldog. They prevent the intrusion of strangers into your private domain and they give you a feeling of security. I may know exactly what my terms mean, but unfortunately, when I use them, even among the fully initiated members of my own lodge, I can never be sure that the fellow members recognize them as meaning just what I think they mean. When I use them outside the lodge, they make me seem mysterious, and it is mystery which has done psychiatry harm in its contact with the general public.”

Psychiatry must find a way to meet on common ground with the medical profession, with industry and its associated employees, foremen, and personnel groups. The mental aspects of industrial medicine, safety, and absenteeism need developing. Interdepartmental and interpersonal relationships are fundamental in building good morale. The industrial physician should know a good deal about such developments and how to foster them. He should have a wide influence, and in order to be effective, he must have a practical knowledge of personality and its problems. The industrial physician is an important cog in plant procedure and his work has a direct bearing on production. Industrial medicine is aware of the many ways in which industrial mental health can effectively operate, but it needs practical guidance from the psychiatrist.

In most areas I believe this guidance has been lacking, not due entirely to negligence on your part, but because the value of your services have not been recognized by industrial medicine as a whole. But now that they are recognized and are so badly needed, I trust that you will find a practical way to impart your knowledge and give assistance wherever needed. Industry is avid for your help, and our entire country will profit immeasurably by your deeds.

This problem, as I see it, is not primarily a federal prob-

lem or a state problem. It is a community problem. The boys who have given their services to our country in the line of duty are all local boys. They have left their homes from a thousand different communities and are now returning to those communities to take up life where they left off. Many will need help before they are able to resume a normal existence, and it is my opinion that the necessary assistance should come from their fellow citizens—from industry and labor, and, in so far as possible, the medical profession in that community should help each returned veteran to resume a normal and productive life.

I trust that the psychiatrists will assume an important rôle in the organization of such services, wherever possible. In the smaller communities, where the services of a psychiatrist are unavailable, some provision should be made to supply consulting services to local industry.

I am sure that we are all convinced that most labor turnover, absenteeism, and dissatisfaction among employees can be charged to a fairly small percentage of the total number of workers in any plant. Whether these maladjustments should be attributed to home or to plant conditions does not matter; the important thing is to determine the cause and thus decrease this tremendous loss in man power. Many of these causes appear insignificant and, therefore, nothing is done about them. However, these little details, if neglected, build up and accumulate into insurmountable obstacles, and as a result thousands of workers either stay on the job badly maladjusted or hop from plant to plant, looking for a haven of retreat that does not exist and that will not exist until the underlying causes of discontent are discovered and corrected.

It is this problem that is so confusing to many plant physicians, and it is here that the psychiatrist can best lend a helping hand.

THE LASKER AWARD IN MENTAL HYGIENE *

PRESENTATION ADDRESS

BRIGADIER GENERAL RAYMOND W. BLISS

Assistant Surgeon General, U. S. Army, Chief of the Operations Service

IT is my privilege to-day to represent the Surgeon General of the Army in making the presentation of the first Lasker Award for outstanding service in the field of mental hygiene.

This award of \$1,000 was generously established by the Albert and Mary Lasker Foundation, Inc. (of which Foundation Mrs. Lasker, Secretary of your Committee, is one of the donors). The establishment of the award is itself a significant contribution to mental hygiene.

Henceforth it will be conferred annually in recognition of distinguished service in the promotion of mental health. Each year it will be made for a contribution to some special aspect of the field, and the recipient will be selected by a jury chosen for its competence to judge accomplishment in that field.

It was a happy and appropriate decision to give the first award, this year, for services to mental hygiene in relation to the war. The recipient has been chosen from among leaders who have contributed to the enhancement of the mental health of the men and women of the armed forces, both while in service and during the period of rehabilitation.

In a moment I shall announce the name of the leader to whom the award is given. Happily, now that the voices of campaign orators are silent and the election is over, one may rise to speak about "a man whom" without arousing in one's audience the expectancy that one is going to nominate somebody for something.

Moreover, this is a case where the man does not seek the honor, but the honor seeks the man.

To receive this award at any time, now or in the future, will be rated a signal honor. It is a double honor to be chosen

* The first Lasker Award of \$1,000 for outstanding service in mental hygiene was presented at the luncheon of The National Committee for Mental Hygiene, at its Thirty-fifth Annual Meeting, New York City, November 9, 1944.

as the first to receive it, thus heading a long list of recipients in the future.

"The man whom" the jury has selected to honor, in recognition of the outstanding contribution of his work to mental hygiene in connection with the war, is—Colonel William C. Menninger, M.C., Chief Consultant in Neuropsychiatry, Office of the Surgeon General, U. S. Army.

All of us who know Colonel Menninger, and especially those of us who work closely with him, are proud of his achievement and, I venture to say, have no quarrel with the decision of the jury of award. On the contrary, we applaud its choice.

Colonel Menninger, in presenting this award to you, I wish to read the citation of your services for which the award is given.

It is as follows:

CITATION FOR SERVICE

"The Board of Directors of The National Committee for Mental Hygiene, having reviewed the recommendation of the Jury of Award and the record of achievement of its nominee, Colonel William C. Menninger, hereby designates Colonel Menninger to receive the Lasker Award. This award, for the year 1944, is given for outstanding contribution to the mental health of the men and women of our Armed Forces.

"Colonel Menninger was already recognized before the war as one of the younger leaders in civilian mental hygiene through his work in Topeka. He quickly revealed his stature as a soldier-physician when he became Neuropsychiatric Consultant to the Fourth Service Command, one of the largest, from the standpoint of area, hospitals, and personnel. Traveling from post to post, he stressed therapy of patients and brought in new concepts and methods. His ability to discern problems clearly and to translate them into constructive action went far in raising the quality of professional care in his command. Coupled with his keen sense of the important and his soundness of judgment, he showed a good humor and love of people that made him a logical choice for the Chief of Neuropsychiatry in the Surgeon General's Office.

"Under his direction there, preventive psychiatry has been enhanced by a series of lectures on personal adjustment for all officers and enlisted men throughout the Army. These lectures help officers to fulfill their responsibilities as leaders of men and thus prevent emotional disorders. Through his efforts, the emphasis on diagnosis and disposition has been shifted to active treatment, retraining, and reconditioning while still in service for resumption of military duty or return to civilian life. Equally important has been his participation in the indoctrination of all medical officers in order to strengthen their psychiatric understanding. To the soldiers who are within his jurisdiction, he has brought the collaboration of clinical psychology and, to a degree, psychiatric social work, and has assured to them interns and nurses strengthened by courses on psychiatry and neurology. He has collaborated with Selective Service in the improvement of the processes of selection.

"Since his appointment to the Office of the Surgeon General, neuropsychiatry has been elevated to the status of a division, becoming one of four professional consultant divisions of that office. A mental-hygiene branch which has stressed positive mental hygiene as a safeguard to able-bodied soldiers has been created within this division. The staff has been expanded from three to eight members. The teamwork of this staff is in itself an example of good mental hygiene. Colonel Menninger has taken very much to heart the difficulties that confront the soldier discharged for neuropsychiatric disability. He has taken every opportunity and means to correct the popular misunderstanding of these diagnoses. His efforts have been literally untiring and the time that he has devoted to his work has been limitless. His inspiring leadership has been an example and a support to his subordinates and to his colleagues.

"In the light of this record it is an honor for The National Committee for Mental Hygiene to confer the Lasker Award for 1944 upon Colonel William C. Menninger."

This citation, Colonel Menninger, speaks for itself. No other speech is needed but that. In closing, however, may I make an observation which occurs to me? It seems to me extremely significant that the principles and techniques of mental hygiene have been utilized not only to promote the strength and soundness of our forces, but to safeguard and build up the health and stamina of individual men in the service. Thus, the benefit of what you and others have done in the service will carry over into peace. Likewise, the restoration of those who break under the strains of war to renewed usefulness in civilian life will be a national asset.

I also wish to stress the importance of our changing conception of mental hygiene. Our emphasis has too long and too much been on mental disease and on institutions for the mentally sick. To-day, happily, the emphasis is shifting from disease to health, from the negative to the positive.

This award and occasion bear eloquent testimony to our recognition of mental health as an individual and national asset.

We salute the donors and the recipient of the Lasker Award. We commend the inspiring leadership of The National Committee for Mental Hygiene in the cause of better mental health for all, in peace as well as in war.

ACCEPTANCE ADDRESS

COLONEL WILLIAM C. MENNINGER, M.C.

Chief Consultant in Neuropsychiatry, Office of the Surgeon General, U. S. Army

ON the receipt of such an award as this, I cannot but feel that there must have been a mistake. Either the nominating committee was misinformed or the judges miscounted; some place some one had an illusion. Now that it is announced, many people will have illusions.

In receiving the award, however, I wish the privilege of giving my interpretation of it to this audience. First, I recognize it as a tribute to psychiatry and mental hygiene, a further evidence of the magnificent support of and confidence in those of us in these fields of its donors, Albert and Mary Lasker.

Secondly, I hope I am correct in regarding it as a vote of confidence in our efforts to develop effective psychiatry in the army. In such a hope I can only trust that the judges were correctly informed on the real status of our activities and plans.

And thirdly, I am in the position of the young man who, driving down the street in his car, had the misfortune to run over the pedigreed poodle of a débutante, out for a stroll. Hastily stopping his car, he jumped out and breathlessly approached the débutante with the remark, "Oh, I'm so sorry! I wonder if I couldn't replace your dog?"

The débutante looked him over and rather scornfully replied, "You certainly flatter yourself!"

I don't flatter myself, but circumstances demand that I must represent the host of men in uniform who are carrying out psychiatry in the army. Much of what may come to me in the form of credit is due to my loyal office associates, to the service and theater command consultants, to psychiatrists in the armies, the basic training camps, the induction boards, the rehabilitation centers, and to our psychiatrists in hospitals scattered from the Gold Coast to Leyte. Nor could we have made progress had it not been for the unswerving support and free hand provided me by my chief, Surgeon General Norman T. Kirk, and a host of other associates in his office who have given us help in a hundred ways. And last, but not least, our achievements, such as they are, have in no small

measure been due to the loyal backing of a large number of my civilian confrères—Edward Strecker, George Stevenson, Fred Parsons, Frank Freemont-Smith, Arthur Ruggles, my brother, Karl Menninger, and many, many others. It is to this large group of men that the credit for the status and performance of army psychiatry belongs.

Lest you have any further illusions about psychiatry in the army, let me say that those of us in the military setting are not complacent about our progress. The job in many ways is only well started. I confess I often feel overwhelmed. The responsibility, at least for the policy making and the expert advice, for the mental health or ill health of eight million men is on our shoulders. And these men are in a business that inevitably leads to heavy casualties. So often I see myself in a valley, surrounded by mountains—mountains of opportunity, of challenge, of necessity—and each is barricaded with resistances of ignorance, red tape, superstition, shortage of time, and shortage of man power. Yet we must climb them and without delay.

Hardly two weeks ago this afternoon, I was in a clearing station on the German front. Artillery was too plainly audible to make conversation easy. There on the floor of a textile mill were row after row of stretchers of psychiatric casualties, directly in from the fighting front a few miles distant. I spent four hours there, talking to these battle-weary men. During these four hours, sixty more came in. And the psychiatrist was holding forth, patiently interviewing, reassuring, encouraging each new arrival. A sergeant was running around dispensing “blue heaven”—sodium amytal—helping men to get their shoes off, too often for the first time in two or three weeks. At supper time, we had hot food—just K rations, but hot. A few of the men who had been there thirty-six hours turned in to help serve, and others went around to each stretcher to get the men awake for chow line—those weary, haggard, muddy, bedraggled fighting men. Sixty per cent of them will go back to their fox holes after forty-eight hours of rest and “take it” again. Some of the others will come to us.

This was a violent emotional experience for me, repeated later in seven other clearing stations. I can't *really* tell you about it. You wouldn't understand, for it has not touched

you. I need not tell this audience that you can't intellectualize about an emotional experience. But I can reiterate my appeals—appeals that I try to tell any one from whom I have any hope that I can get help.

Mental hygiene has permeated the atmosphere in this meeting all day yesterday and this morning. It is encouraging, hopeful, but it must lead to action. This war is not over—far from it; and our first priority of army and civilian is its unrelenting prosecution. Your boys and mine are out there this minute—some in the cold and rain and mud and others in the jungle in the heat and bugs and mud, and all of them with steel flying on all sides. And we are at this delightful luncheon, effusing, and I hope absorbing, mental hygiene. But we are very much on trial—all of us in the fields of psychiatry and psychology and social work and mental hygiene. Never was there a greater need for what we have to offer, never a greater opportunity. Are we devoting our every energy to delivering the goods? What are we planning in recruiting and training workers? What are we doing to educate the public—a public eager to learn? What are our plans for community provision for the returning veterans? Are we guiding those in authority in legislative measures to help meet our problems? Are we in psychiatry and mental hygiene challenging community agencies, civic clubs, industrial and professional groups, labor organizations, with the problems our vantage point or special training forces us to see?

I wish I could feel we were doing these things. Only here and there have we more than scratched the surface. If there was ever any doubt about the need, the urgent need for The National Committee for Mental Hygiene, the opportunity stares us in the face now. Certainly no other organization is so well equipped in its aims and its membership and its state organizations to give energetic and prompt and effective leadership toward the solution of these problems. Nor can it be merely the job of the medical director and his handful of staff. It must be the combined and organized and planned effort of every man and woman interested in the mental health of America.

May we have the vision, the courage, and the integrity to do the job!

BOOK REVIEWS

EMPLOYEE COUNSELING: A SURVEY OF A NEW DEVELOPMENT IN PERSONNEL RELATIONS. By Helen Baker. Princeton: Industrial Relations Section, Princeton University, 1944. 66 p.

An outsider with some interest in human relations who has a chance to observe intimately the behavior of people in an industrial organization will almost certainly be struck with the great amount of amateur counseling and "case-work" that goes on within the organization. The members themselves are scarcely aware of it, but it is a necessary part of successful group activity, for the employees have personal problems that must be solved if they are to continue to work efficiently. Such amateur counseling is hardly an ideal arrangement, for many of the problems that the supervisor settles off the top of his head could better be dealt with by one or another of the social agencies of the community whose function the supervisor knows nothing about. But when an organization is expanding slowly, the problems are handled successfully enough, so that only rarely do they come to the attention of top management or the personnel department.

With the initiation of the defense program, however, the incredibly rapid expansion of personnel, and particularly the employment of large numbers of women, overwhelmed this slowly developing, unconscious by-product of organization. Personnel departments suddenly became acutely aware that their employees are highly complex machines that need to be "serviced" by some one if they are to perform their functions at top efficiency. In a good many instances, the regular members of the personnel department, working according to established personnel practices, were unable to cope with the situation because they were too much involved in such impersonal details as incentive payments, rate and standard settings, and other details of the sort. To meet this problem, a good many war industries have inaugurated a personal-counseling program in which members of a special staff, reporting either to the personnel director or to some one higher in management, are available to interview and counsel employees about personal problems, either within or outside the organization.

The booklet under review is a study of such programs in the various war plants. It gives an excellent picture of the features that they have in common and the variations from one plant to another. One gets the picture of a very experimental situation, with wide variations, not only in practice, but in the degree of clearness with which top management defines and understands the counseling function.

In spite of these wide variations, however, rather surprisingly there is almost universal agreement that the results have been good. Whether or not these programs will be a permanent feature of industrial organizations remains to be determined. With a few exceptions they have been inaugurated to meet an emergency and they come into conflict with the widespread belief that "line" organizations should be strengthened at the expense of "staff" organizations.

The book is of very great interest to mental hygienists. The term "mental hygiene" appears frequently, and the author clearly recognizes that there is a close relationship between the work of the industrial counselor and the efforts of the psychiatrist and the social worker. Among both social workers and psychiatrists there is a growing conviction that industry could profit by our understanding of interpersonal relationships and human motivation, and all such should read this book, both as a presentation of one possible way in which these insights can be brought to bear on industrial problems, and, even more, as a warning as to the pitfalls that lie in the path of the professional person who attempts to bring his professional skills to an industry that does not understand them clearly.

TEMPLE BURLING.

*Providence Child Guidance Clinic,
Providence, Rhode Island.*

HANDLING PERSONALITY ADJUSTMENT IN INDUSTRY. By Robert N. McMurry. New York: Harper and Brothers, 1944. 297 p.

Mr. McMurry has brought together in an interesting and readable manner the material that psychology and psychiatry have to offer in solving the problems of human relations in industry. The selection of pertinent facts has been good. If the book has its weaknesses, they rest largely in the inadequacies of the source materials. The book has been written primarily for "top management." There is unquestionably much wishful thinking on the part of the author in assuming that it will be read by that group. Its real value will be discovered by the psychological and psychiatric consultants who are responsible for the training of leaders in industry.

The treatment of labor problems from the standpoint of "top management" is an outstanding contribution. The author has neither skirted nor evaded the critical problems, but has faced them very honestly and in light of the best knowledge available. Such comments as the following are typical and basic and indicate the clarity of expression to be found in the book: "All workers are to some degree ambivalent (unconsciously hostile) toward their employers. . . . These antagonisms ordinarily are deeply buried and the individual has no awareness of their existence." "No organization is entirely

free from the threat of trouble." "There is little or nothing which management can do directly to alter this state of the employees' minds. . . . its wisest course is to concentrate its efforts on the removal of every possible irritation and annoyance that might stimulate and reënforce these latent antagonisms." The author then goes on to discuss the rôle of management and company policies in creating employee dissatisfaction.

The treatment of the labor union, as it relates to the worker, is again honest and fair. Members of the labor unions may be critical of this chapter, as the author very clearly states that "where management is fair and is alert to discover and remove sources of employee dissatisfaction, a union is unnecessary." The author then goes on to explain why workers find it necessary to join unions and what the union does for them. A discussion of the problems of dealing with labor troubles follows, and the author brings out clearly the great need for a depth study of these problems and offers some concrete methods for securing adequate data for dealing with them.

If the ensuing chapter on building good will and morale seems less adequate than the chapters on dissatisfactions and troubles, it is because this is the area of industrial work in which future study and research must contribute more real information. The author quotes Tead in concluding this chapter, which in itself reveals that our knowledge in this area must still be secured from philosophical statements of the value of democratic organizations, rather than from any good description of how to secure the desired ends.

The two sections devoted to "The Problem Employee" and to "Selection Problems" constitute the bulk of the book and are a real contribution to the literature in this field. Every student of personnel problems will want to go over this material, if for no other reason than to refresh himself on these problems and the techniques available for handling them. It is this part of the book that will be especially helpful in the training of the young personnel worker. The author draws heavily from psychiatric sources in interpreting the problem employee and, for those who have not had training or experience in this field, the treatment will be new and interesting. Psychologists who have not had much psychiatric background will find this part of the book especially helpful.

In dealing with the problems of selection, the author recognizes and evaluates the use of tests. His major contribution, however, is his description and evaluation of the interview as a technique in selection. The outlines for the types of information that it is desirable to have are especially suggestive. The beginner in personnel work should find this chapter especially valuable.

The suggested program for training to alter attitudes and habits

reflects general educational weaknesses, and one suspects that the author is not too familiar with the projection technique of training, which he recognizes as essential for this particular kind of learning. This program will have to be expanded and clarified by the author and others, as more experience is acquired in using this technique.

The last chapter attempts to present the prospective interviewer with the machinery of psychiatry and psychoanalysis. This chapter had better not have been written, as it will only prove confusing after the earlier treatment of the problem employee. This material had much better have been secured by turning to the source materials made available in an excellent bibliography. It is the understanding of these problems that the author knows can come only by means of the projection method of teaching. This chapter merely gives words and phrases which describe, but do not reveal. Aside from this minor inconsistency, the author has succeeded in writing a very useful and usable book.

ROY F. STREET.

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HEALTH EDUCATION ON THE INDUSTRIAL FRONT. Edited by The Committee on Medical Information of the New York Academy of Medicine. New York: Columbia University Press, 1943. 63 p.

This is a series of five lectures presented at the Third Annual Health Education Conference held at the New York Academy of Medicine, New York City. The five speakers, all of them nationally or internationally known for their specific information on the subjects treated, discuss their topics with reference to the implications for war-time industrialization of the community and its effect on public health. It is to be noted that this conference was held in 1942, and that the speakers approached their subjects from that background of war experience rather than from the present, but the reader will agree that they anticipated coming events and conditions with remarkable foresight.

Dr. Cassius Watson, formerly Medical Director of the American Telephone and Telegraph Company, and now Superintendent of the Vanderbilt Clinic, compliments industrial establishments on generally improved working conditions, and comments on the healthy appearance of the employees. He is completely familiar with the difficulties of war-time conversion and the obstacles to be overcome in the allotment of buildings, tools, and man power. The importance of good living conditions, as well as of good working conditions, and of proper use of leisure and recreation, as well as of working hours, is recognized. Dr. Watson believes that the induction of people habituated to indi-

vidual endeavors into collective war effort calls for psychological as well as physiological adjustment.

It is necessary that the medical examiner, if he is to be able to assist in proper placing, must have knowledge of materials and processes as well as of the human element. The industrial physician must acquaint himself with many new products. These new materials have increased in variety and in quantity since the beginning of the war.

Dr. Watson recognizes the importance of prevention of injury and also of rehabilitation of the casualties of industry, and now we are beginning to be concerned with the rehabilitation of war casualties. He credits local health departments with handling immunity problems well, but feels that there is room for improvement in industry's attitude toward the use of serological tests. He states that brucellosis is the cause of much disability and is not always recognized in its varied manifestations. On the whole, he is hopeful that organized medicine will derive from this war-time experience a wiser regard for its responsibilities.

Dr. Otto A. Bessey, Director of the Public Health Research Institute, of New York City, in his address on "Food and Nutrition in the Home and Work Place," points out that food deficiency, while it may not be great enough to cause actual demonstrable disease, may still prevent the workman from attaining the optimum of efficiency so greatly needed in the prosecution of this war. He employs the term "sub-optimal nutrition" for this condition. He is of the opinion that a large number of young American men who were rejected at induction centers could have passed successfully had they had adequate diets for a few months prior to examination. There is a great need for further investigation in the field of nutrition, as this science, though important, has been neglected. Only 26 per cent of a group of workers were found to have good diets, and it is certain that greater numbers of those not employed must have been even more deficient in the matter of diet.

Dr. Bessey states that increased knowledge of diets has so offset the effects of war that in England the state of nutrition is better than before the war. He feels that food should be dispensed in industrial plants with the idea of increasing the workers' health and efficiency, rather than with the profit motive. But regardless of the availability of good food and proper instruction at the plant, the employee's nutritional state depends also upon home conditions.

Dr. Bessey points out that in England a law requires that factories employing 250 persons or more must be equipped with a satisfactory canteen. Education on dietary needs is most important, and the factory is in an ideal position to provide that education.

Dr. Leonard Greenburg, Executive Director of the Division of

Industrial Hygiene, New York State Department of Labor, shows that the employment of males in industry reached a plateau nearly two years ago, and that the increasing employment of women is necessary in order to win the war. He believes that of the many causes of absenteeism, sickness and accident (both largely preventable) are the most important. To quote some of his statistics, illness causes a loss of from eight to nine days annually among men, and from twelve to fourteen days among women. Whites have a lower rate than Negroes, and while there is much variation, respiratory diseases are the most common disabling illness.

Dr. Greenburg states that from 3 per cent to 15 per cent of applicants for industrial work were rejected during the first year of the war. We find that these same figures prevail, but that the requirements have been lowered as the supply of labor has become exhausted. He feels that since there is such a loss of man power due to defects, in spite of supposedly good medical attention and good economic conditions, there is a need for governmental study and action.

The remarkable success of public-health endeavors in controlling typhoid, diphtheria, and other diseases is noted, but still, in spite of the interest in school children, 45 per cent of those examined for the armed forces were rejected. He feels that the next great effort for public health should be in the industrial field, with emphasis on working conditions, home conditions, and rehabilitation of the injured. He supports the extension of plant medical services, beginning with physical examinations, and including integration with all community activities. This includes nursing services as well.

Dr. Lydia Giberson, of the Metropolitan Life Insurance Company, discusses "Mental Problems and Morale in Industry." She estimates the cost of time lost due to absenteeism at over one billion dollars for the United States each year.

She quotes statistics which indicate that absenteeism because of sickness is as much as 200 per cent higher among women than among men in some industries. The importance of fatigue is recognized and charged to too long hours, and to weeks without the usual day of rest. A warning is given to all workers, and especially to executives, that high speed and bad eating, smoking, and drinking habits are the surest way of deferring victory.

She aptly quotes that "indigestion and insomnia are the wound stripes of civilization."

Dr. Giberson describes the basic types commonly found in industrial practice—namely, those with organic defects, the frank psychotics, and the psychoneurotics. The last type is by far the most numerous and the most important. Psychoneurotics comprise probably one-

third of all industrial cases seen by the doctor. Dr. Giberson enumerates several ways in which the physician may cope with these problems, not the least important of which are the following: (1) he can anticipate the emotional complications of every illness or injury he treats; (2) he can listen to symptoms as related, for this has therapeutic value; (3) he can spot the accident-prone; (4) he can recognize the types and handle them by education, treatment, or transfer; (5) he can prevent maladjustment by giving advice; and (6) he can by these means conserve man power and uphold morale, both necessary to winning the war.

Altogether, Dr. Giberson makes a good argument for the use in industry of a specialty that to our thinking has been neglected.

Dr. Harold R. Bixler, of the Mutual Life Insurance of New York City, cites the tremendous importance of accident prevention, stating that in 1941 the direct cost of all accidents in this country was four billion dollars. He recognizes the remarkable success that has been achieved in prevention, especially during the past twenty-five years. He lists eleven motives that induce people to act safely, then assembles these into three major groups—the patriotic motive, the economic motive, and the humanitarian motive. He is confident that safety can be sold to management, and that the effort is worth while.

Altogether, this group of addresses, covering, as it does, several very important problems, all related to industry, public health, and education, is a most valuable addition to the literature. A vast amount of experience and information is compressed into a little volume that can be read in a short time. We recommend it to any one who would cover the high spots in industrial medical problems.

A. L. BROOKS.

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PERSONAL PROBLEMS AND MORALE. By John B. Geisel. Boston: Houghton Mifflin Company, 1943. 429 p.

This book is written as a text for classroom counseling with high-school students. The acknowledgments, which are in lieu of a preface, indicate a six-year period of experimentation with the material of the book, with the suggestions or the participation of secondary-school personnel in towns from the Atlantic to the Pacific coasts.

The book is in three parts, divided further into units and subsections for ease in class assignments. Each section is preceded by questions, to stimulate interest in the text, and ends with questions or problems for class discussion and with a list of pertinent readings, both fiction and nonfiction.

The book is illustrated with copies of photographs, prints, and cartoons, well chosen for their current interest, their entertaining quality, and their aptness in relation to the text.

Throughout the book, it is obvious that the author has an intimate knowledge of the interest in self of the secondary-school boy and girl. The content is designed to interest youngsters at the high-school level; to direct them in their thinking and talking and acting on the personal problems that are current at that age.

Part I considers self-study—what sort of person one wishes to be; the fundamental urges that need to be satisfied; how one can acquire status with one's social group; how to handle fear, feelings of inferiority, and anger; and how to evaluate one's abilities, the latter being classified as mental, mechanical, and social. Finally there is a discussion as to how to attain social maturity.

Part II considers relationships with other people in situations common to teen-age students; conventional practices in social relationships; ease in them at school and at home. The discussion is extended to a consideration of marriage and parenthood.

Part III is headed *Making Your Way in Time of War*. It contains much practical material, suited to peace time also, on the factors to be considered in choosing a life work or in seeking a job. Probably "Getting and Keeping that Job" is the best-treated topic in the book because of its practical suggestions, and because it limits the area under consideration to what can be covered adequately.

While the author stresses the need for self-study and greater insight, he has kept his discussion on a relatively simple, mechanistic level. For instance, the material on elation and dejection (pp. 101-2) is descriptive and mollifying. One is elated or dejected as a direct reaction to a situation or series of incidents in life, such as (1) "failure to achieve something hoped for, as when a student works hard during the entire marking period to achieve a better mark and then finds that he has not succeeded"; (2) "realizing a state of insufficiency, as when a student is keenly aware of his poverty and consequent inability to dress as well as his fellows, go to parties, and buy the things that others can buy"; (3) "losing something of value—a loved one, a friend, or perhaps some material thing such as money or a new fountain pen."

The dynamics of unconscious motivation, of conflict between social and personal wishes, the reactivation of previous unsolved problems, the effect of toxic states, glandular disturbance, malnutrition, poor physical hygiene, or any of the current ideas that are thought of as possible contributing factors to such states, are not brought into the discussion. The only treatment method suggested throughout the book is that of reconditioning one's self through auto-suggestion, talking with a friend or counselor, and activity.

This naïveté characterizes the entire book, but it is especially noticeable in the case illustrations, which are used generously.

The weaknesses of the book lie in its omissions and over-simplifications rather than in its purpose or in the organization of its material. One inconsequential fault is the occasional poor English.

Its strength lies in the opportunity it offers adolescents in groups to discuss common personal problems wholesomely and frankly, and to organize their thinking about problems and social conventions that are a part of every adolescent's curiosity and concern. The material does not carry the adolescent beyond a reorganization or systematization of the thinking that they already are doing. An opportunity is lost in not including some of the more dynamic factors in human motivation.

LILA McNUTT.

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CRIMINAL CAREERS IN RETROSPECT. By Sheldon and Eleanor Glueck.
New York: The Commonwealth Fund, 1943. 380 p.

The present volume is the third in a series of follow-up studies, made at five-year intervals, of the careers of 510 men whose sentences to the Massachusetts Reformatory expired in 1921 and 1922.¹ Throughout the period of fifteen years, the Gluecks, with the invaluable aid of their principal assistant, Mr. Samuel C. Lawrence, have kept in touch with these men, most of them through personal interviews, supplemented by other reliable sources of information. Of the 439 still living at the beginning of this five-year period (they now average forty years of age), over one-half were personally interviewed for this study!

In general, over the fifteen-year period, about one-third of the men have persisted in serious criminality, another third have reformed entirely, and slightly less than a third have become minor offenders. During the third period, the curve of improvement has tended to flatten out as compared with the first and the second periods. Only 5 per cent who had been non-offenders during the first two periods lapsed briefly into crime during the third.

Various factors in the lives of the subjects are studied minutely—the various peno-correctional treatments to which they were subjected, their education, family setting, mental status, and so on. Only one feature stands out in which the treatment failures were inferior to the successes—the successes were further along in years when they

¹ See *500 Criminal Careers*, by Eleanor and Sheldon Glueck (New York: Alfred A. Knopf, 1930) and *Later Criminal Careers* (New York: The Commonwealth Fund, 1937) by the same authors.

first became delinquent. "This finding," say the authors (p. 212), "would seem to suggest that inability to adapt to peno-correctional treatment is somehow related to a biologic difference between successes and failures."

The psychiatric implications of such a finding are obvious. They are expressed elsewhere (p. 285) as follows: "We are thus led to the conclusion that it is not primarily or fundamentally either chance or the fear of punishment, but rather the presence or absence of certain traits and characteristics in the constitution and early environment of the different offenders, which determines their respective responses to the different forms of treatment and determines, also, what such offenders will ultimately become and what will become of them."

One of the many important contributions to criminology made by the Gluecks is the prediction table, a scheme first proposed by them in 1930, and progressively refined as the passage of time has permitted a more prolonged study of the group of offenders. In this volume they have shown by the light of later events the manner in which their earlier tables might have been of service. Certainly these tables, based upon sound and long study of actual cases, are far superior to the present methods of sentencing and paroling now in vogue. It is emphasized that the tables are but guides, just as are life-expectancy tables, and that they are subject to the discretion of the judge. The need for a truly indeterminate-sentence law and a wide scope of judicial discretion in disposition are also emphasized.

This volume takes its place among the other studies of the Gluecks as a sound, thorough, and thoughtful study, a valuable factual and theoretical contribution to the still too sparse groundwork of a science of criminology.

WINFRED OVERHOLSER.

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THE CHILD SPEAKS: THE PREVENTION OF JUVENILE DELINQUENCY.

By Jacob Panken. New York: Henry Holt and Company, 1941. 325 p.

Judge Panken is an optimist. He is a Victorian, whether he wants to regard himself as that or not. He is also a believer in the incorrigible goodness of human nature, and he is not at all discouraged at what others would call the drab procession of delinquent children that daily passes in review before him. Nor is he bored or casual about the human beings upon whom he is called to sit in judgment.

Delinquent children are human beings—underprivileged, restricted, inadequate human beings, to be sure, but underprivileged, restricted, and inadequate because of the sins of society in general, and

the neglect, misunderstanding, and casualness of that particular portion of society which forms the child's immediate environment. Thus Judge Panken keynotes his book:

"If our children were articulate, if they were able to see the results of their upbringing, they would cry to their parents and to society: 'Teach us, guide us! We are capable of learning, we are responsive. Surround us with conditions which will make us socially minded human beings, and we will be all that and more.'"

When this reviewer was much younger, he read voraciously a magazine called *Adventure*, which was, quite frankly, a pulp. It was an unusual pulp, to be sure, but a pulp, none the less, in which St. George invariably slew his dragon. *Adventure* occasionally carried an unusual story, which it called an off-the-trail story. *The Child Speaks* is an off-the-trail story so far as the usual run of literature dealing with delinquency is concerned. It is completely devoid of gobbledygook—which is to say, being interpreted, the language employed by the pundits to mystify their readers and to exclude from the discussion those who were unable or unwilling to learn the special language that they feel must be used in talking about those who are sinful enough to lie, steal, kill, or maim. Not once in *The Child Speaks* does Judge Panken refer to "the etiology of the delinquent's maladjustment."

He does talk, as a human being, about other human beings in trouble, sorrow, need, sickness, adversity. He does try to tell how delinquent boys and girls found it necessary to stray off the reservation, and what he has attempted in the children's court in the way of getting them back into something approximating the fold. He is properly impatient of those who feel that punitive measures must follow delinquent behavior in which it would appear that the child was a totally free agent in selecting a course of action upon which society frowns. He says:

"Delinquent conduct is not the free choice of a child—it is the result of environment, deprivation, improper education, faulty guidance, rejection, and a desire to compensate for an inferiority complex. Our attitude toward children needs radical revision if we are to help them to develop normally into healthy, socially minded persons. That children become delinquent is the fault of the adult rather than the child."

The book is in two parts. The first is the more formal. It sets out the judge's notion of why and how children get into difficulties with the courts. The book is Panken and what Panken has been able to absorb, not only in his judicial service, but through his long years as an old-fashioned socialist, concerned as much about helping lame dogs over stiles as about reforming the world by the application of blue prints. It is the second part of the book that is

arresting and challenging. You either toss it across the table and say, "What manner of fool is this, trying to make a child over by getting him to read good books?" or you sit down and—wonder.

Essentially, Part II of the book, even though it is entitled *Case Histories, Letters, and Book Reviews*, is a report of the conversations in writing between Judge Panken and the children. He tells us that he has exercised no special method of selection in choosing his case histories. He took them as he found them—good, bad, and indifferent. He took those that could be called successful in treatment, and those that turned out otherwise. One is amazed at the occasional insights the children display in their book reviews. In a great many instances these are amazing literature—so much so that occasionally the judge suspected that the boy or girl had a bit of help in producing what they have written. The letters that passed between Judge Panken and his young friends show a judge who was not too busy to tell a youngster how, when he was young himself, he read Sienkiewicz' *Quo Vadis?* long after his parents thought he should be sleeping; and how, years later, he sat in the Roman Colosseum in the moonlight, searching out for "one of the boxes, maybe where Emperor Nero sat, and as the moon played with the shadows I could resurrect the terrible things that were done in the arena, and a shudder went through me."

That same judge was able to tell the youngsters who came before him that it was possible to find friends in books who could open a more excellent way of living than the resort to criminal behavior. The most awful indictment of our urban civilization is contained in the remark of a youthful offender who, at nineteen years of age, had a record in the court of general sessions of a serious assault and robbery: "Why did I have to go out and commit a crime in order to meet a guy like you?"

Judge Panken's methods are unusual; it is doubtful whether any other judge could have the same degree of success in applying them. But his optimism and his belief in the perfectability of mankind are justified if in even a small number of cases the personal application of the milk of human kindness in large doses restores a youngster's faith in human nature. If the judge can give a "bad" boy a hero to worship and an example to follow, there is no need for us to concern ourselves with the orthodoxy of the methods he uses. Society, rather than the individual delinquent, is really on trial. Judge Panken tries to make society interested, friendly, tolerant, and above all else understanding. He conceives it his business to be a door-opener rather than a door-closer.

Unfortunately there are precious few of us who have the genius to get "bad" boys and girls to read good books or to be overly interested in trying to find out what the books mean to those who read

them. But, then, Judge Panken is both a Victorian and an optimist. He is sure that the world cannot help but become a better place to live in.

ALFRED A. GROSS.

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WILLIAM JAMES—THE MAN AND THE THINKER. (Addresses Delivered at The University of Wisconsin in Celebration of the Centenary of His Birth.) Madison: University of Wisconsin Press, 1942. 147 p.

For many reasons, students of mental hygiene will be interested in this volume of papers by Max Otto, Dickinson S. Miller, Norman Cameron, John Dewey, Boyd H. Bode, and J. Seelye Bixler. First, with G. Stanley Hall, James is the man who did most to break American psychology away from the rationalistic bias that prevailed in his day.¹ If to-day psychologists get more aid from biology than from philosophy, no small part of this is due to the subject of these justly laudatory papers.

Second, James is worth knowing as a man and as a thinker. He might never have made his offerings to progress in the field of psychology if he had not been the exuberant student, eager to welcome truth, no matter how unlikely its abode. A good symbol of his mind was his own description of his summer home—"with fourteen doors, all opening outward."

"What we conceptualize," said James, "we cut out and fix, and exclude everything but what we have fixed. A concept means a *that-and-no-other* . . . whereas in the real, concrete, sensible flux of life, experiences compenetrates each other so that it is not easy to know just what is excluded and what is not."

James was all for "the open air and possibilities of nature, as against dogma, artificiality, and the pretense of finality in truth." The papers by Otto and Bode in particular vivify our sense of debt for these opened doors.

In the third place, the very fact that James was not a specialist, as we ordinarily think of such a person, may have been one of the reasons why he was a great psychologist. He rendered his particular service in his day just because, instead of concentrating on this or that manifestation of psychic behavior, he tried to see the human being in his entirety. Many "psychologists" somehow do not seem to understand actual human beings. James at any rate tried to do

¹ For a history of the traditional approach, see *American Psychology Before William James*, by J. W. Fay, reviewed in MENTAL HYGIENE, Vol. 24, pp. 491-92, July, 1940.

so. In this he was helped, as Dr. Cameron tells us, by the fact that his own life was full of dissatisfactions, some keen enough to turn his mind toward suicide. It may, therefore, have been fortunate that "he had to cast about for whatever help he could find, from any direction and in any place . . . for escape from his private hell." The physician of the mind must be more than ordinarily sympathetic.

To students of mental hygiene, the paper by Cameron, *William James and Psychoanalysis*, will perhaps prove the most stimulating. Its tone is quite belligerent. It uses the career of James to restate objections to Freud. James it was who did most to banish "the soul" from psychology. Yet Freud sets up "a realm of spooks supposed to lie behind the world of happenings." Why ascribe so much to the Unconscious, with its "anti-social purposes and devilish shrewdness? Granted that these characteristics are prominent in our relatively less accessible conduct, they are hardly peculiar to that region of the behavior spectrum. They may be just as accurately ascribed to a great deal of our readily accessible behavior" (p. 76). To quote further:

"It seems clear to me that one particular question is of the greatest possible importance to the future of psychopathology, the question whether you are going to begin your study of these less accessible components by treating them the way the psychic theorists do, as something belonging to another and a strange world, or whether you begin by accepting them as belonging to the world of everyday life" (p. 77).

"Are we just going to assume that they must be charmed, by some special and exclusive method, back from a kind of spirit world where the Unholy Trinity reigns—the Ego, Id, and Superego? I believe there is another and a better way out" (p. 77).

"What are popularly called conscious, preconscious, co-conscious, sub-conscious, and unconscious represent different degrees of accessibility in human behavior. They are after all only adjectives, descriptive terms which try to set off certain kinds of activity from other kinds. They do not create discrete worlds of existence" (p. 78).

Here Dr. Cameron states his own position, one that might perhaps be called social behaviorism. He concludes:

"We have got to learn to look everywhere for our facts, just as James did, to despise no source, however ordinary, and to reject nothing we find there. . . . We shall develop a cruder, looser psychopathology, strung-along, unfinished and less certain, one that will be more concerned with fitting the facts than with buttressing a system" (p. 81).

"In psychopathology there must no longer be talk of the 'one definite path' or the 'only source,' nor any dogmatic claim of the 'only one way to obtain a thorough and unerring solution'" (p. 82).

"I take this to be James's first and great commandment, 'Thou shalt not make unto thyself any rationalistic image, nor bow down thyself

before fixed principles, nor worship them.' And the second is like unto it. 'No tree is a forbidden tree provided only that its fruits be good.' In these two commandments live the spirit of William James and the future of psychopathology" (p. 82).

The controversy is a salutary reminder that no one school dares to say that it speaks the last word about human nature. James himself would have been the first to remind us that it is much wiser to try to understand an opponent than to be eager to refute him. It is to be hoped that a reading of this volume will increase the number of those who are thus appreciative. The fruits are bound to be good for all of us.

HENRY NEUMANN.

Brooklyn Society for Ethical Culture.

THREE FRIENDS. By Elizabeth Montgomery and Dorothy Baruch. Chicago: Scott, Foresman, and Company, 1944. 160 p.

In this second of the New Health Books in the Curriculum Foundation Series, the authors present reading material pointed toward the promotion of wholesome personality growth in young children. This reader, whose vocabulary is planned to expand that of the first reader, *Good Times*, is intended to convey positive health and safety concepts. But it also attempts more than this.

As the authors state in their explanatory notes, "*Three Friends* is the story of one year in the life of Sam, Sue, and Johnnie. Their day-by-day experiences are developed around five central themes, each expressing some phase of personal adjustment necessary for the development of a complete individual." These themes have the following headings:

Early One Morning. (Exciting departures from routine require the development of self-discipline to counteract the nervous reaction which otherwise results.)

At the Farm. (Wholesome, carefree, outdoor play, without undue worry or responsibility, is essential to growth and health.)

Back to School. (Children do have certain responsibilities and must often exercise judgment to make decisions. This, as a part of "growing-up," is an interesting, satisfying fact.)

Winter Days. (The need for protection against the elements directly influences our daily life, bringing characteristic joys and problems.)

Spring Surprises. (Kindliness, gratitude, the joy of discovery, and renewal of past experiences are positive factors in a healthy, happy life.)

In story content, the feelings and activities described are those typical of five-year-old children living in comfortable homes in an average community. The writing is lively and pleasant, designed to carry a child's interest and to establish identification between him and the child characters of the book. For these characters are realisti-

cally depicted as many-sided and varied in personality traits. Like real children, they are not models of conformity, but are enlivened with curiosity, imagination, initiative, and a sense of fun. As they grow, they learn the accepted ways of living. They learn naturally, through trial, error, and sympathetic adult handling.

Johnnie has a dream so strong that he believes it real. His parents understand and explain it. Sue thinks that to jump into water is the same as swimming, but finds that she has to be taught. An attempt is made to show children the reasons behind the rules grown-ups impose upon them: the why-ness of safety precautions, nutrition, cleanliness, and so forth. Yet there is little moralistic didacticism. Skillful touches of humor and conversational patter create a leavening quality. This lightness stems also from the beautiful and abundant illustrations by Ruth Steed. Accurately lifelike in catching the details of contemporary living and lovely in color, they animate the story most attractively.

The mental-hygiene value of this book depends largely on the way it is presented to children. For the teacher's use, therefore, the authors have appended a carefully worked out "interpretive outline of personal development content." In it they page-index and analyze the story material in order to "make clear the variety and quality of the vicarious experiences brought before the child reader. Aided by the teacher in directed and spontaneous discussions of problems thus presented, he will be led to see himself not as an isolated and unique individual, but as a part of a universal pattern. Moreover, the teacher, noting his reactions to various incidents, will gain insight into hidden emotional and personal problems originating in home conditions and requiring parent-teacher coöperation."

EVELYN D. ADLERBLUM.

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THE SUBSTANCE OF MENTAL HEALTH. By George H. Preston. New York: Farrar and Rhinehart, 1943. 147 p.

Doctor Preston believes that the fundamental principles of mental health are simple, that they can be simply stated, and that they can be understood even by very simple people. He thinks that while the treatment of personality and behavior disturbances is necessary, this treatment is a highly technical matter requiring the utilization of specially trained personnel, and therefore can be made available to only a small proportion of the population who would like to be able to have their children grow up to be happy and to have a reasonable chance of being mentally healthy.

He has written this book for parents and others who have to do

with the child, and he has demonstrated that the important things in the life of the child can be simply stated. He has not written a book telling parents how to deal with symptoms that have already developed, but has focused on the meaning to the child of particularly important experiences that result from growing up in a family group. Consideration is given to what children mean to the parents as possessions, and what must happen to these precious possessions if they are to become adult individuals. There is also a child's-eye view of the world about him, particularly that part of the world encompassed within the home.

The points that Doctor Preston makes are generally accepted by students of behavior. However, he has presented them delightfully and simply. Any one who can read can understand them, and the most sophisticated will enjoy his manner of presentation. It is a pleasure to recommend this book to the many parents who would like to help their children grow up, and also to those professionals who have become so immersed in verbal abstractions that they find difficulty in making themselves understood when talking to parents.

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THE ORIGIN AND FUNCTION OF CULTURE. By Géza Róheim. (Nervous and Mental Disease Monograph Series No. 69.) New York: Nervous and Mental Disease Publishing Company, 1943. 107 p.

The author, an outstanding psychoanalytically trained anthropologist, states that these three essays "are an attempt to explain civilization or culture as manifestations of the Eros."

The first essay, upon the topic "The Problem of Growing Up," is discussed under the following headings: (1) *Individuals and Cultures*, (2) *Delayed Infancy*, and (3) *Growing up in Normanby Island Society*.

The second essay is concerned with, "Economic Life," the headings being (1) *Primitive Economics*, (2) *The Medicine Man as the First Profession*, (3) *The Trader*, (4) *The Origins of Gardening*, (5) *The Plough and the Ox*, (6) *Man's First Companion*, and (7) *The Domestication of Cattle*.

The last essay has to do with "Sublimation and Culture" and is developed under the headings, (1) *Sublimation*, (2) *The Cult of the Dead and Civilization*, and (3) *Summary and Conclusions*.

In addition there is a good index.

This is essentially a book for serious students of culture. It is likely to be disturbing and little understood by those who are not familiar

with psychoanalytic theories and the facts upon which they are based. The author endeavors to demonstrate "that the material used in the formation of civilization is the libido," and identifies the Eros (libido) as the principal dynamic force which is operative in the development and maintenance of continuity and coherence in cultures. The libido is the central force of which the culture is the expression. "Culture (sublimation) leads the libido into ego-syntonic channels by the creation of substitute objects."

The book is recommended to all serious students of culture, but especially to those who are likely to engage in close and minute observations of human behavior, whether as psychiatrists or as anthropologists.

E. VAN NORMAN EMERY.

*Washington University,
St. Louis, Missouri.*

PAPERS FROM THE SECOND AMERICAN CONGRESS ON GENERAL SEMANTICS. Compiled and edited by M. Kendig. Chicago: Institute of General Semantics, 1943. 594 p.

Some 540 pages of this volume are given over to eighty papers or abstracts of papers presented at the Second American Congress on General Semantics held in Denver, Colorado, in 1941. Book I (116 pages) has thirteen contributions dealing with the basic orientations that are involved. Book II (424 pages) consists of three parts—each reaching its fingers into fairly definitely limited areas of present-day specialization. Part I presents twenty papers from the fields of medical science and practice. Part II has nine contributions from what might roughly be called the field of mental hygiene and eleven more that roam through the military school, the problems of finance (there is a really exciting paper by L. Whiteman), those of journalism, and so on. Part III deals with what is called the reconstruction of education (twenty-six papers) and touches everything from a "reading readiness" program to a challenging discussion of the implications of general semantics for graduate-school teaching in the humanities.

The whole, coming on the tenth anniversary of the publication of Korzybski's epoch-making *Science and Sanity*, would tempt any reviewer to assay the potentialities of general semantics in the development of mental hygiene. But that is beside the point—except to say that (in spite of a claim to the contrary in the introduction) no reader of the present volume could expect to be more than confused if he is not already acquainted with the earlier work.

Rich man and poor, lonely wanderer close to his own earth and

cosmopolitan, sophisticate and day laborer—all have laid their offerings at the altar. As one lets these run through his fingers, what can one say? There are brilliant gems (e.g., B. L. Whorf's *Language and Logic*, and W. F. Peterson's *Some Notes on 'Genius' and 'Fatigue'*) that would adorn any setting. There are papers (e.g., A. Korzybski's *General Semantics*, and O. L. Reiser's *From Classical Physical to Modern Scientific Assumptions*) that with startling efficiency go to the root of matters. There are solid, worth-while offerings (e.g., T. A. C. Rennie's *Adolf Meyer and Psychobiology*) that have nothing to do with general semantics. There are entrancing bits (e.g., D. Fairchild's *Horticulture as a Field for Investigation of Semantic Reactions*) that rest the eye and provide a saving sense of humor. There are grouped contributions (e.g., on stuttering and on the teaching of English) that give a fleeting impression of representing a whole area of interests. There are some very valuable descriptions of "how you do it" (e.g., M. Semmelmeyer's *Reading Readiness* and F. P. Chisholm's *College English Teaching*). And there are articles so incongruous and so hurriedly colored to fit into the scheme that they had much better have been left at home.

Here they are—eighty symbols. The lives, the sturdy work, the years of intricate construction for which they stand—these went home again with the contributors. Science as sanity has in ten short years caught the imagination of a large group of workers in many fields who have recognized that the newer conceptions of the reality about us, and the need for a clearer understanding of the relation of symbols to reality, demand a reorientation in each one's *way of thinking about things*. But this volume does not catch or hold this. In the language of the initiate, it is a series of extremely sketchy maps.

Into an affair of this sort goes an enormous amount of labor—not to be lightly turned aside. As an historical document—pointing to the varied and far-reaching interests at this moment working with a new yeast—it is valuable. As a proof that general semantics represents not a discipline, but a way of disciplining as an approach to any of man's many problems, it is valuable. As a promise that one day sectarianism in "Science" will be as completely conquered as it did rudely push aside sectarianism in matters of faith, it is valuable. (No one could deny that here, for once, the lion lies down with the lamb. Buried near page 400 is one short paragraph, from an unknown student, critical of the worth-whileness of general semantics. This calls for some apologies from the author of the article and a disturbed explanatory footnote from the editor. At one other place there are two sentences critical of some of Hayakawa's work. Otherwise there is not so much as a ripple in 594

pages. That must be a record.) But compendiums of this sort seem (beyond the above exceptions) to be rather useless.

JAMES S. PLANT.

Essex County Juvenile Clinic, Newark, New Jersey.

OUR NEW BABY. By Lili E. Peller and Sophia Mumford. New York: The Vanguard Press, 1943. 32 p.

Parents of pre-school children and those working with two-, three-, and four-year-olds in nursery schools will find that this little book meets a need often expressed in words and actions by small children—a need to know about babies, not necessarily where they come from, but what they are like. For the adult who wishes to be reassuring, who is intent upon helping children to grow as painlessly as possible through new experiences and relationships, this material offers a simplified and unemotional presentation of the nature and daily care of a small infant. With some emphasis upon his need for special attention and solicitude at first, it portrays him also as a changing, growing person, soon becoming a child no different from the listener. This point of view may well lessen the threat that his helplessness offers to the security of the child just leaving babyhood.

The book is particularly addressed to the child into whose family a baby is to be born. But it should be of just as great interest to the many children who are denied first-hand association with small brothers and sisters, but who are filled with wonder and curiosity as to the functions and behavior of babies seen, but not known.

The illustrations by Dorothy Buck present attractive, appealing, but not very realistic babies. It seems a bit unfortunate that the infant's feeding experience is not pictured as breast feeding, as this is one of the relationships that the older child often needs help in accepting.

DOROTHY E. HALL.

Infant Welfare Society of Chicago.

NOTES AND COMMENTS

Compiled by

MARY VANUXEM, Ph.D.

*New York State Committee on Mental Hygiene of the
State Charities Aid Association*

EUGENE MEYER NEW PRESIDENT OF THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

The Board of Directors of The National Committee for Mental Hygiene, at a meeting in New York on December 14, elected Mr. Eugene Meyer, editor and publisher of the *Washington Post*, to the presidency of the Committee. This office has been vacant since the resignation in 1943 of Dr. Adolf Meyer, now honorary president of the Committee.

Mr. Meyer, the first layman ever to serve as president of the National Committee, has had a distinguished career both in business and in public life. He has held appointive positions under five presidents—Wilson, Harding, Coolidge, Hoover, and Roosevelt. His interest in mental hygiene dates back to the early years of Dr. William A. White's work at St. Elizabeths Hospital, Washington. It has expressed itself in active support of the mental-hygiene program, especially those phases of it that have to do with the social factors involved in prevention.

Since the outbreak of the war, Mr. Meyer has given a good deal of attention to the psychiatric aspects of war-time activities, both civilian and military. It was largely through his influence, for example, that the classification, Military Psychiatric Social Worker, was established by the army in 1943.

A graduate of the University of California, Mr. Meyer holds honorary degrees from Yale and from Syracuse University.

At the same meeting, the board elected two additional vice presidents—Dr. Frank Fremont-Smith, Medical Director of the Josiah Macy, Jr. Foundation, New York City, and Col. Leonard G. Rowntree, Chief of the Medical Division of the Selective Service System, Washington, D. C.—to serve with James R. Angell and Dr. William L. Russell, who were reelected. The board also reelected Dr. Adolf Meyer as honorary president, Mrs. Albert D. Lasker as secretary, Harry Pelham Robbins as treasurer, Dr. James S. Plant as chairman of the executive committee, Dr. Edward A. Strecker as chairman of the Scientific Administration Committee, and Orlando B. Willcox as chairman of the board of directors.

The Board of Directors of the American Foundation for Mental Hygiene, meeting at the same time, elected G. Howland Shaw, recently Assistant Secretary of State, as president. Mr. Shaw, who has been a member of the Board of The National Committee for Mental Hygiene since 1939, succeeds the late Dr. Bernard Sachs as president of the foundation.

THIRTY-FIFTH ANNUAL MEETING OF THE NATIONAL COMMITTEE
FOR MENTAL HYGIENE

The Thirty-fifth Annual Meeting of The National Committee for Mental Hygiene was a departure from custom in that its program included, in addition to the usual luncheon meeting, a two-day session of papers¹ and discussions on mental-hygiene aspects of some of the most vital current issues—reconversion, its human and social implications; rehabilitation, the mutual adjustment of serviceman and civilian; the problems of intellectual relationships; the serious situation of the nation's mental hospitals.

The meetings were held at the Hotel Pennsylvania, New York City, on Wednesday and Thursday, November 8 and 9. "The Mental Hygiene of Industry and Reconversion" was the subject of the opening session, on Wednesday morning. Dr. C. C. Burlingame, of the Institute of Living, Hartford, Connecticut, acted as chairman. Three papers were presented—*The Background of Mental Hygiene in Industry*, by Douglas McGregor, Ph.D., Associate Professor of Industrial Relations and Associate Professor of Psychology at the Massachusetts Institute of Technology and Director of Industrial Relations at the Dewey-Almy Chemical Company; *The Meaning of Mental Hygiene in Industry*, by Dr. Bruno Solby, Surgeon (R), Chief Psychiatrist, Employees Health Service, United States Public Health Service, Washington, D. C.; and *Dynamics of Mental Hygiene in Industry*, by Dr. Matthew Brody, psychiatrist at the Sperry Gyroscope Company, Brooklyn, New York.

This session was followed by a luncheon for mental-hygiene executives and their friends, at which Dr. Samuel W. Hamilton, Mental Hospital Advisor, Division of Mental Hygiene, United States Public Health Service, spoke on "Needs and Opportunities in the Mental Hospital Field."

The Wednesday afternoon session, of which Mrs. Anna Rosenberg, Regional Director of the War Manpower Commission of New York City, was chairman, was devoted to "Rehabilitation and the Returning

¹ The papers presented at the various sessions, with the exception of one or two which are not available in manuscript form, are to be published either in *MENTAL HYGIENE* or elsewhere.

Veteran."¹ Captain Wilson R. G. Bender, of the Adjutant General's Office, Washington, D. C., discussed "The Man as He leaves the Service." Mrs. Ethel Ginsburg, Assistant Director of the Veterans' Service Center, New York City, spoke on "Veteran Into Civilian—the Process of Readjustment"; and Dr. Sol W. Ginsburg, of the New York City Committee on Mental Hygiene, on "Community Responsibility for Neuropsychiatric Dischargees." A joint paper, *Rehabilitation of the Psychiatric Casualty*, by Dr. Thomas A. C. Rennie and Luther E. Woodward, Ph.D., both of the Division on Rehabilitation of The National Committee for Mental Hygiene, was presented by Dr. Rennie.

V. T. Thayer, Ph.D., Educational Director of the Ethical Culture Schools, New York City, was chairman of the Thursday morning session, which was on "Race Relations." The three papers were *Cultural Aids to Constructive Race Relations*, by H. Scudder Mekeel, Ph.D., Associate Professor of Anthropology at the University of Wisconsin; *The Frustrations of Being a Member of a Minority Group: What Does It Do to the Individual and to His Relationships with Other People?* by Robert L. Cooper, Executive Director of the Wiltwyck School for Boys, Esopus, New York; and *Non-Discriminatory Hospital Service*, by Henry C. Oppenheimer, Assistant Treasurer and Trustee of Sydenham Hospital, New York City, who described the work of this new interracial hospital.

The features of the annual luncheon meeting, which was attended by some four hundred members and friends of the National Committee, were an address on "The Effect of Peace Conditions Upon International Amity," by Lyman Bryson, Ph.D., of Teachers College, Columbia University, and the Columbia Broadcasting System, and the presentation of the first Lasker Award in Mental Hygiene to Colonel William C. Menninger, M.C., Chief Consultant in Neuropsychiatry, Office of the Surgeon General, U. S. Army, the presentation being made by Brigadier General Raymond W. Bliss of the U. S. Army.²

Dr. James S. Plant, Chairman of the Executive Committee of The National Committee for Mental Hygiene, presided at the luncheon, and reports were made by Dr. George S. Stevenson, Medical Director, and Harry P. Robbins, Treasurer, of the National Committee.

The subject of the last session of the meeting, on Thursday afternoon, was "Services to the Mentally Ill To-day." Dr. Samuel W. Hamilton was chairman. Leonard Edelstein, of the Philadelphia State Hospital, spoke on "Obstacles to the Care and Treatment of Patients," and Dr. Frank F. Tallman, Commissioner of Mental Dis-

¹ For the papers presented at this session, see pages 1-45 in this issue of MENTAL HYGIENE.

² For the presentation address and Dr. Menninger's reply, see pages 114-19 in this issue of MENTAL HYGIENE.

eases of the Ohio State Department of Public Welfare, on "The Mental Hospital of the Future."

The interest of the public in the topics discussed at this two-day meeting was attested by the attendance, some eight hundred people registering for the various sessions. One session—that on "Rehabilitation"—was so heavily attended that it was impossible to accommodate every one in the quarters available. The National Committee for Mental Hygiene takes this opportunity to express its deep regret to all those who were turned away.

The success of the meeting has led the Committee to plan for the same type of meeting in 1945, to be held at the Hotel Pennsylvania, New York, in quarters large enough to provide for all who wish to attend.

NEW DIRECTOR OF MENTAL HYGIENE DIVISION, U. S. PUBLIC HEALTH SERVICE

Announcement has been made by Dr. Thomas Parran, Surgeon General of the United States Public Health Service, of the appointment of Dr. Robert H. Felix as Medical Director of the Mental Hygiene Division in the Bureau of Medical Services, Public Health Service. Dr. Felix succeeds Dr. Lawrence Kolb, who retired on October 31.

Dr. Felix was born in Downs, Kansas, in 1904. He received his degree in medicine at the University of Colorado in 1930 and interned at the Colorado General Hospital in Denver. He was granted a two-year fellowship by the Commonwealth Fund and took his post-graduate training at the Colorado Psychiatric Hospital under Dr. Franklin G. Ebaugh.

In 1933, he was commissioned in the regular corps of the Public Health Service and was assigned to the Medical Center of the Bureau of Federal Prisons at Springfield, Missouri, where he became clinical director. Three years later he was transferred to the Public Health Service Hospital at Lexington, Kentucky, an institution for the medical and psychiatric rehabilitation of narcotic drug addicts, where he served as clinical director and later as executive officer.

In 1941, he was sent to the Johns Hopkins University School of Public Health for a year of post-graduate work in public-health administration, with emphasis on psychiatry, receiving a master's degree there in 1942. The same year he was sent to the U. S. Coast Guard Academy at New London, Connecticut, where he developed and operated a mental-hygiene service for Coast Guard cadets, and applied psychological and psychiatric tests in the selection of officer material.

Dr. Felix is a fellow of the American Medical Association, of the

American College of Physicians, and of the American Psychiatric Association; a member of the Association of Military Surgeons and of the Southern Psychiatric Association; and a past president of the Kentucky Psychiatric Association.

WAR DEPARTMENT CREATES CORRECTION DIVISION

On September 11, 1944, the War Department established a correction division in the Office of The Adjutant General, to coördinate and standardize the rehabilitation and control of all military prisoners.¹ The new agency has staff jurisdiction over the army's disciplinary barracks, rehabilitation centers, post stockades, and guardhouses, as well as over installations for the detention and rehabilitation of general and garrison prisoners in overseas theaters of operation.

Colonel Marion Rushton, administrative officer in the Office of the Undersecretary of War, was named director of the division.

Undersecretary of War Robert P. Patterson sponsored the proposal to activate a strong, centralized system and was assisted in developing and establishing the new organization by Austin H. MacCormick, consultant to the Undersecretary of War and Executive Director of The Osborne Association, Inc.

"The mission of each detention and rehabilitation establishment," said the Undersecretary, in commenting on the newly created correction division, "is to restore to honorable status in the army those prisoners who demonstrate their fitness for further service, and to provide those to be discharged because of their unfitness a program of training which will help them to meet more successfully the duties and obligations of good citizens.

"All prisoners believed at the time of sentence to be reclaimable," the Undersecretary continued, "are sent to rehabilitation centers. Prisoners suffering from mental or neurological disorders, as well as intractable offenders and those convicted of the more serious offenses, are committed to the disciplinary barracks or one of the federal prisons. At each place of confinement the individual capacities, skills, potentialities, and needs of the prisoner are studied. Those considered to be restorable engage in a program of intensive military training designed to meet the demands of military service. Upon restoration, each soldier is classified and assigned to duty according to his previous experience and military skills."

At present the War Department operates ten institutions for general prisoners in the United States, including two maximum-security and two medium-security disciplinary barracks, and six rehabilitation

¹ Military prisoners are not to be confused with prisoners of war, who are under the jurisdiction of the Provost Marshal General. Military prisoners are those who have been convicted of offenses under the Articles of War.

centers. Two additional medium-security disciplinary barracks are being established.

A board of consultants composed of civilian authorities in the correctional field is also being established to assist the correction division in setting and maintaining high standards. Military personnel with successful civilian experience in correctional work are being assigned in increasing numbers to the institutions and to headquarters.

The headquarters of the correction division is in the Pentagon Building, Washington, D. C.

ARMY TRAINS CLINICAL PSYCHOLOGISTS

An officers' course in clinical psychology has been inaugurated at the Adjutant General's School, Fort Sam Houston, Texas. The new course will train officers who are clinical psychologists to deal with neuropsychiatric patients in army hospitals. It includes a review of testing and interviewing techniques, army-hospital procedures, types of problem encountered, diagnoses, clinical techniques, and therapeutic measures. A clinical psychologist is being detailed to the neuropsychiatric section of every army hospital that has a thousand or more beds.

VETERANS ADMINISTRATION SOCIAL WORKERS FORM ORGANIZATION

Veterans Administration social workers from the metropolitan area who have been meeting in New York for several months have now formed a permanent organization designated the North Atlantic Group of Veterans Administration Social Workers. The membership of the new organization includes all social workers assigned to Veterans Administration hospitals or regional offices in the Bronx, Castle Point, and Northport, New York; Newington, Connecticut; Lyons, New Jersey; and Coatesville, Pennsylvania. Plans are under way to offer corresponding membership to social workers employed by the Veterans Administration throughout the country.

Essentially the purpose of the organization is to improve social-work standards within the administration by affording the staff the opportunity to meet together to discuss the program in its various phases, by enlisting the interest and support of national and local social-work organizations, and by formulating definite recommendations as to function and policy.

Officers for the current year are: chairman, Emily R. Scanlon, Lyons, New Jersey; secretary, Hazel Dahl, Castle Point, New York; and treasurer, Winifred A. Gibbons, Bronx, New York.

THE COMBAT PILOT AFTER THE WAR

The contribution below is part of a letter from Captain A. H. Maloney, Jr., flight surgeon with a fighter group somewhere at the front, to his parents. It was sent in by his father, Dr. A. H. Maloney, of Howard University, who thought that it might be of interest to readers of MENTAL HYGIENE.

"Things are still relatively dull and uninteresting as far as my private life is concerned, but the experiences connected with combat are very much of interest. I celebrated my birthday too much last night and am now so sleepy that it is agony to wait till nightfall. Since it is customary for people to make statements on their birthday, I have decided to make mine now.

"Combat flyers will find it difficult to readjust to the peace-time way of life. This difficulty will result in a tragic situation unless some forethought is given to the problem. The army is planning to rehabilitate that group of flyers who are in the more or less severely war-shocked class, but there may be many border-line cases. The latter group may comprise the majority of the pilots returning home. It is only through a mutual understanding between those who stayed home and those who served in combat that the friction which is bound to arise when the twain meet can be dissipated without too much damage. I feel that the American people should assume responsibility for the post-war welfare of the American pilot. In order for a rational program to be devised by the home folk, they should have a clear concept of what the flyer is undergoing now and what his problems will be on his return.

"The combat pilot is an unique phenomenon. He can best be described from the psychological point of view. The fundamental urge to live is just as evident in him as in any one else; the three sub-urges (self-preservation, social acceptance, and race preservation) are in operation in a like manner. But the distinctive stresses peculiar to combat flying produce certain qualitative changes in the flyer's personality which are not readily understandable to the noncombatant. These stresses are the outgrowth of fear—fear from loss of sustentation when the plane becomes airborne, and fear of enemy gunfire. In the stable flyer, the fear reaction is masked by the confidence that comes from flying training and experience as well as the urge of social acceptance. This fear is the basis of the pilot's weird behavior. In other words, combat flying is a strong hazard to the gratification of the urge to live. Health is threatened, promotions and decorations are scarce, and the sex life is restricted. Result—a vivid and intense personality.

"The life of a combat flyer is a series of harrowing experiences. Day in and day out he faces death. He sees his buddies die. Even when the airplane carries him to the target and gets him back safely, even though he sees no enemy planes, he is mentally and physically fatigued when he lands. That is because a mission involves sitting in a tight compartment on a hard seat for five to seven hours; keeping track of instruments, position in flight, and enemy aircraft. Any pilot

who maintains a satisfactory operational record is a well constructed man. Stability keeps him flying. But there is a limit to the endurance of any man and this limit is approached in most cases by the time a combat tour is completed. The personality of a flyer is never the same after the big show is over. Home folk must take this fact into account in dealing with the returned hero. Let there be a minimum of conflict between these veterans and those noncombatants when the two meet again.

"A word to the close relatives and friends of pilots. This lad who comes back to you has lived at a pace so violent in its nature that he will be very restless and impatient for a long time after he returns. He knows that he has given much more of his mind and substance than have you. His ego is accentuated. The essence of solicitude will be expected of you. He will demand, with some grounds, all the pampering and petting that is characteristic of the feminine species. Being used to danger, he will not be diplomatic, soft-spoken, or patient under the strain of either impatience or commiseration on your part. His period of sexual repression will manifest itself in many ways. Be on the lookout for this and be prepared to meet it with sympathetic intelligence. He figures the world owes him a living. He will be more mature than his years bespeak in some ways, and less mature in others. Many of these boys will wish to continue flying against the wishes of their loved ones. In any of these situations it is important for the noncombatant to maintain his calmness in dealing with the flyer. Wives and sweethearts especially must behave intelligently in order to gain his respect and love. He wants a family, a job, a home, and health just as badly as any one else, but he may not show it clearly. Anything you do toward furnishing him these things will help to facilitate this readjustment. Do not be misled or afraid when he says and does queer things. Allow him a little leeway.

"Most of the illness that flyers will complain of will be psychogenic. It is important that the physician take account of this and avoid the use of medical humbug on him. Find the mental basis for his pain; give him insight into his condition, rather than casting him off with an aspirin. Whenever possible do something definite toward modifying his environment so that his conflict can actually be solved. Learn to recognize the escape and compensatory mechanisms that give him his pain, abnormal behavior, and functional disease. Remember that chronic intrapsychic conflict leads to organic breakdown eventually. Inspire his confidence and live up to your promise. Read up on aviation medicine before you tackle these cases. You will constitute the difference between adjustment and maladjustment.

"About work. Some of our returning pilots will desire a career in the air forces of the nation. Let not this desire go by ungranted. Our nation must be big enough and broad enough to find room for this mode of the expression of their ambition to work and serve. Other pilots will desire commercial flying. Make openings for these, too, and urge their employment in civilian air-line positions even before they voice their requests. In other words, anticipate them in this wish; and support the development of civilian aeronautics with the enthusiasm with which they will be expecting you to spread the contagion of this particular order of modern progress. Most of them will give up flying. For those provide preferences for jobs and educational oppor-

tunity. All these things are proper because the combat-trained pilot is a person capable of handling large responsibilities more efficiently than the average noncombatant in the same age group. They have been through the hardest school of life. Let us be sure that their service was not given in vain.

"When he returns let there be a family, a job, and a doctor waiting for him. Treat him with intelligence and kindness, for he has been a credit to his nation and our democracy. Above all, respect his opinions about flying, for that is his business.

"Well, so far we are fulfilling our promise to those at home and over here. Progress has been of the steady, solid type. It has been a real experience to watch and help the growth of these airmen. It will be my most profound desire to see every one of them return in good shape. In my squadron we have the best record so far in every department of the game. I can't help but feel that I have contributed to it strongly, for all major decisions of command in the squadron have my leveling influence. We lost only 5 per cent of all the flyers lost by the group. Our boys fly conservatively as a team and they are getting their share of the enemy planes, with much less risk to themselves than do the other squadrons. They take off faster, they give more complete cover to the bombers they escort, they keep more planes in the air on missions, and fewer of them come back before the mission is completed. The morale of our squadron is very high from top to bottom, and the health of the command is excellent."

OVER 300 WEST VIRGINIA DOCTORS REPLY TO PSYCHIATRIC QUESTIONNAIRE

The questionnaire whose results are summarized in the item quoted below represents a laudable effort on the part of a state medical society to help the physicians of the state prepare themselves to meet the tremendous problem of neuropsychiatric disorders with which doctors seem likely to be faced in the post-war period. The item, which appeared in the November issue of *The West Virginia Medical Journal*, is significant also as an indication of the extent to which the general practitioner is aware of the mental and emotional aspects of illness, and of his interest in what psychiatry has to offer in the way of aid in dealing with them.

"Over 90 per cent of the more than 350 West Virginia doctors who have expressed themselves on the subject feel that further knowledge of psychiatry would be of help to them in their practice.

"Replies received as the result of a questionnaire mailed late in August to the members of the State Medical Association, by Dr. Robert J. Reed Jr., of Wheeling, president, also indicate that at least 80 per cent of the doctors are desirous of knowing more about emotional illness.

"In his letter to the members of the Association, Doctor Reed stated that many men rejected for service in the armed forces and a large percentage of the million men discharged from military service present psychiatric problems to a greater or lesser degree. It was for the purpose of determining the extent of the interest of the doctors of West Virginia in this problem that the questionnaire was prepared and mailed.

"Doctors were requested to report to Dr. R. J. Wilkinson, Chairman of the Council, the extent of their practice concerned with the treatment of patients with functional or nervous disorders, the frequency with which they have been seeking special psychiatric aid for such patients, and the availability of trained psychiatric help.

"Less than 15 per cent of the doctors replying to the questionnaire state that they have had any training or developed any working concept in psychiatry, and most all report that there is a general lack of psychiatric assistance in the state. Over 90 per cent of the doctors state that they are interested in seminars of psychiatry to be held evenings at meetings of component medical societies, and 50 per cent of the group of those interested expressed themselves as willing to pay a nominal attendance fee.

"Asked if they would be interested in a symposium on psychiatry to be presented in *The West Virginia Medical Journal*, over 70 per cent answered in the affirmative.

"In making a plea for the presentation of psychiatry in simple terminology, doctors ask that it be related to general medicine. For the most part, aid is desired specifically for the handling of psychoneuroses, sub-clinical personality problems, and psychosomatic disturbances.

"A summary of replies received to the questionnaire will be presented to the Council at the November meeting for the purpose of determining what part, if any, the State Medical Association will play in providing a general program on psychiatric education for the doctors practicing in this state."

REHABILITATION SERVICE OFFERED BY THE MILWAUKEE NEUROPSYCHIATRIC SOCIETY

During the summer of 1944 public interest became strongly directed to the disabled veterans returning home from active battle zones. It was obvious that there are emotional casualties, as well as those caused by bullets and bombs, both often being present in one person. In anticipation of serving the needs of some of these young patriots, Dr. Gilbert J. Rich, President of the Milwaukee Neuropsychiatric Society, appointed the following members of a committee on rehabilitation problems: Lloyd H. Ziegler, M.D. chairman; Ralph M. Fellows, M.D., who enlisted in the U. S. Navy and was replaced by Lt. Col. Edward D. Schwade, M.C.A.U.S.; Roland A. Jefferson, M.D.; Herbert W. Powers, M.D.; and Merle Q. Howard, M.D.

After getting into contact with all the neuropsychiatrists of the state who are able to work and finding them, without exception, extremely willing to give of their time and effort in one way or another, the committee concluded that the disabled veteran could best be served by the three following measures, which were unanimously approved by the Milwaukee Society, in special session on November 29, and are now in effect.

1. *Consultation service.*—The neuropsychiatrists of the state offer their specialized experience to local physicians and surgeons who are

carrying for problem veterans in home communities any place in the entire state, and regardless of fee, if they may need or wish such consultation service. It is anticipated that such needy veterans may appeal to their local physicians early. Requests for consultations may be referred to the neuropsychiatrist of choice directly by writing, telephone, or personal interview, or such requests may be made to Dr. Sara G. Geiger, Secretary of the Milwaukee Neuropsychiatric Society, Public Safety Building, Milwaukee. She will refer them to neuropsychiatrists, taking into account geography and the equalization of work. It is understood that a consultant called upon in this way will continue to help the home physician until the problem is resolved in one way or another.

2. *The Milwaukee Rehabilitation Service.*—This service was inaugurated under the auspices of the Milwaukee Neuropsychiatric Society on Monday evening, December 11, and operates every Monday evening, with hours from 7:30 to 9:30 P.M. It may be expanded later as the need arises. This service is carried on at the Milwaukee Curative Workshop, 750 No. 18th Street, Milwaukee. It is free (exclusive of materials) to those unable to afford a private physician. It is devoted entirely to treatment of veterans who do not require hospitalization. Its aim is to bring help and relief to those who are attempting to work, and to others who may be able to work after such treatment. Veterans from the entire state of Wisconsin who do not require hospitalization are eligible and may be referred by any agency.

Lt. Col. Edward D. Schwade, 324 E. Wisconsin Avenue, Milwaukee, has been chosen as medical director of the service. The choice of Dr. Schwade is a happy one in view of his career as a veteran in this war, and his experience as a physician in this specialized field. The service will be aided by a medical council composed of a neuropsychiatrist and two other physicians, a skilled surgeon and an internist, the latter appointed by the Medical Society of Milwaukee County.

Such treatment services have already been inaugurated in many cities such as New York, Chicago, Los Angeles, and elsewhere. It has been ascertained that this service is not in competition with any other of a like nature. It will continue to operate until officially taken over by a duly constituted governmental agency.

3. *Education of lay and professional groups.*—Members of the Milwaukee Neuropsychiatric Society and other qualified and cooperating physicians are urged to give priority to rehabilitation problems when called upon to speak before lay or professional groups. This should be done practically and realistically, and not in an alarmist way. The public and veterans themselves are greatly in need of wholesome reëducation concerning the so-called stigma and the misunderstandings of discharges from military service with neuropsych-

chiatric diagnoses. The committee feels that the Peoria Plan for rehabilitating needy veterans deserves thorough study. This carefully conceived set-up, especially suited to an industrial community, aims at coördinating the activities in this field, and thus avoiding aggressive competitive duplication of effort among well-meaning community agencies.

REPORT OF GOVERNOR'S BOARD FOR THE STUDY OF PENNSYLVANIA'S MENTAL HOSPITALS

Planning for an increase of 6,142 beds in the state's hospitals for the mentally ill and others in the institutions for the mentally defective was recommended in the report of the Governor's Board for the Study of Pennsylvania Mental Hospitals, released November 7, 1944. The report also recommends the early abandonment of the Ransom State Hospital in Lackawanna County and the Embreeville State Hospital of 303 beds in Chester County, both former county hospitals.

The board recommends the immediate acquisition by the commonwealth of the county properties, including buildings, at the Mayview, Woodville, Somerset, Hollidaysburg, Clarks Summit, and Retreat hospitals. Difficulties in administration have arisen with respect to the sharing of the utilities.

Following the increase in bed capacity recommended at the present institutions, a new institution for the mentally ill is recommended for the southwestern part of the state to relieve the present overcrowding at Torrance.

With an increase in the Philadelphia State Hospital to a capacity of 10,000, others to different levels up to 3,500, and a decrease in Norristown from 3,853 to 3,000, a bed capacity of 45,000 in the fifteen institutions would be available for the mentally ill in the state. The institution at Farview for the criminally insane, and the Western State Psychiatric Hospital, primarily a research and teaching institution, are not included in these suggested changes.

The board also recommends further expansion of the four institutions for the mentally defective and the epileptic.

The board in its report "urges upon the Governor of the Commonwealth of Pennsylvania and the Secretary of Welfare, that they weigh carefully this need in a post-war construction program. The problem of mental disease is a large one. The burden on the taxpayer created by this type of disorder, is considerable. A successful attack on the problem demands not only a comprehensive, far-seeing program, but adequate facilities and trained personnel. Certainly, the importance of an annual appropriation for research and study on the basic problems involved will be an essential part of a constructive

program. It does not seem logical to pour into building and maintenance millions of dollars annually and neglect research and investigation, both medical and social, into the causes which lie at the bottom of this great problem."

The board, appointed by Governor Martin, April 5, 1944, "to make a complete study of the mental and criminally insane hospitals of the state," decided at its first meeting "to confine its major study to the problem of the physical adequacy of existing institutions . . . and the desirability of their retention as part of the state welfare institutional system."

Dr. Howard K. Petry, Superintendent of the Harrisburg State Hospital and at the time Acting Director of the Bureau of Mental Health, was chairman of this committee.

NEW YORK SCHOOL OF SOCIAL WORK ANNOUNCES FELLOWSHIPS

The New York School of Social Work, Columbia University, has announced the following fellowships for 1945-46:

Commonwealth Fund: For advanced training in psychiatric social work.

Group Work: A limited number of fellowships for men and women with or without experience, living outside the metropolitan area, who are interested in group-work training. The fellowships provide tuition for three consecutive quarters and a small supplementary grant toward maintenance.

Porter R. Lee Memorial Fund: The alumni and the school offer jointly a limited number of loan-grant fellowships for persons with experience.

Recent College Graduate Fellowships: A limited number of fellowships for men and women, living outside the metropolitan area, who have graduated from college since 1942. These fellowships are not limited as to field. They provide tuition for three consecutive quarters and a small supplementary grant toward maintenance.

Tuition Fellowships: A limited number of fellowships provide tuition for three consecutive quarters. Preference will be given to applicants who live outside the metropolitan area.

Willard Straight: For a foreign student. The grant does not cover traveling expenses. Applicant must have a background of social-work experience in his own country and must expect to return there.

All fellowships will be granted for the fall, winter, and spring quarters of 1945-46. Applicants must be eligible for admission to the school on a graduate basis. For details of the different fellowships and for application blanks, write the registrar of the school, *stating the fellowship in which you are interested*. The final date for filing application blanks for all fellowships is February 15, 1945. Early application is advisable.

DIRECTOR NAMED FOR WASHINGTON'S NEW STATE DIVISION
OF MENTAL HYGIENE

Dr. George C. Stevens, formerly Director of the Division of Mental Hygiene of the Indiana State Department of Public Welfare, has been appointed director of the newly established Division of Mental Hygiene of the Washington State Department of Health. The state medical association has appointed a committee to coöperate with the new division in the development of a mental-hygiene program for the state.

MAJOR GENERAL KIRK NEW MENTAL HYGIENE COMMITTEE MEMBER

The National Committee for Mental Hygiene has elected Major General Norman T. Kirk, Surgeon General of the United States Army, to its membership, in recognition of his "unusual awareness of the importance of skilled psychiatric treatment in the army."

DR. BRILL HONORED

A dinner was given in honor of Dr. A. A. Brill on the occasion of his seventieth birthday on October 12, 1944, at the Hotel Waldorf-Astoria in New York City. About three hundred persons attended. Dr. Louis Casamajor acted as toastmaster. The speakers were: Dr. C. P. Oberndorf, Dr. Leonard Blumgart, Dr. Leo H. Bartemeir, Dr. Harry Woodburn Chase, and Dr. Brill.

Announcement was made that a fund in honor of Dr. Brill had been raised, amounting to approximately six thousand dollars, with which he intends to endow a library. It was also announced that the library in the new building of the New York Psychoanalytic Institute will be named in honor of Dr. Brill.

STATE SOCIETY NEWS

California

The Southern California Society for Mental Hygiene has announced the appointment of Miss Janet Nolan as its new executive director. Miss Nolan, a graduate of the Smith College School for Social Work, has had wide experience both in public and in private welfare agencies. For the past two years she has been chief psychiatric social worker at the Child Guidance Clinic in Akron, Ohio.

Connecticut

The Connecticut Society for Mental Hygiene coöperated with the Connecticut State Hospital at Middletown in asking for Christmas presents for 1,000 patients who are without family or friends to

remember them at this time. The suggestion met with sympathetic coöperation from many clubs and groups and it is planned with their help to make this an annual project.

Hawaii

A letter recently received from Mrs. Maxine Small, Acting Executive Secretary of the Hawaii Territorial Society for Mental Hygiene, states that Mrs. Dorothy Anthony, who has been the society's executive director since August, 1943, thought it best to resign when it became necessary for her to make a trip to the mainland last May. She considered this the best procedure because of the uncertainties of transportation between the mainland and the islands. Since her departure Mrs. Small has been acting secretary.

With regard to the activities of the society, Mrs. Small writes:

"Our lecture series has continued. The two subjects, 'Mental Hygiene in Adolescence' and 'Mental Hygiene in the Schools,' each drew good-sized audiences. At the latter lecture, we had a display of new books in the lobby for inspection as well as supplying a bibliography of recommended books and magazines for school-library use. On October 9, the society is sponsoring a panel discussion on 'Mental Hygiene in Industry.' Dr. William M. Shanahan, Director of the Bureau of Mental Hygiene, will present some of the principles of mental hygiene essential to harmonious relations in industry, while representatives of management and labor will take part in the discussion to follow. We have sent invitations to all the major business firms in Honolulu and hope to have a fair audience. We are supplying a bibliography of recent books on the subject.

"In connection with rehabilitation, Mrs. Anthony was one of the persons who approached Governor Stainback about appointing an official committee. On June 2 the governor did appoint a committee for the purpose of planning and assisting in the coördination of community services to the returning veterans of World War II. As a result, an information center has been established which is known as Veterans' Advisors. Dr. R. D. Kepner, Territorial Representative of the Committee on Public Education of the American Psychiatric Association, and a member of the board of directors of the society, has been appointed one of the members of the medical-advisory group to work in conjunction with the Veterans' Advisors.

"We are most fortunate in having a very capable person, Mrs. Erma C. Guntzer, accept the appointment of publicity chairman on our board of directors. She is the Assistant Territorial Director of Community War Services and the editor of *Welfare News in Wartime*, the publication issued by the Honolulu Council of Social Agencies and the Territorial Office of Community War Services. Mrs. Guntzer has many concrete suggestions as to the issuing of a publication by the society as well as other means of service to the membership. We hope to have something of interest to report in the near future.

"Earlier in the year Mrs. Anthony called the attention of Lt. Col. Emmett G. Solomon, Territorial Director of Selective Service, to an

article appearing in a current issue of the *Michigan Mental Hygiene Bulletin*. Dr. Leonard E. Himler had written a message directed to men rejected for military service. Recently we received a letter of appreciation from Lt. Col. Solomon stating that mimeographed copies had been made of the article and mailed to all rejectees."

Iowa

Dr. Norman D. Render, Executive Director of the Iowa State Society for Mental Hygiene, reports that at a general meeting of the society, held in Des Moines on October 28, the entire program was devoted to the subject of rehabilitation. Major S. O. Meisner, psychiatrist at the Schick General Hospital, Clinton, Iowa, spoke on "The Problem of the Constitutional Psychopath"; Luther E. Woodward, Field Consultant of the Division on Rehabilitation of The National Committee for Mental Hygiene, discussed "The Social Adjustment of Returning Veterans"; and Everett S. Elwood, President of the National Association of Occupational Therapists, Philadelphia, presented a paper on "Occupational Therapy in War and Post-War." There was also a panel discussion on "Mental Hygiene: Post-War," led by Dr. Andrew H. Woods, the participants being Ralph Ojeman, of the Iowa Child Welfare Station, University of Iowa; King Palmer, of the Iowa Board of Social Welfare; Marjorie O. Lyford, of the State Department of Health; and Dr. R. L. Jackson, of the Children's Hospital, Iowa City. The program included also the showing of a film on "Rehabilitation."

Invitations to the meeting were sent out to all presidents of county medical societies, asking each of them to bring with him the physician serving on the commission of insanity in his county. An invitation was also extended to the general public.

Kentucky

The Second Annual Meeting of the Kentucky Mental Hygiene Association, which was held in Lexington, on October 26, was attended by some hundred and thirty people, according to a letter from Mrs. Ella Layne Brown, secretary of the association. At the business meeting, which preceded a dinner, three board members were elected for three-year terms—Dr. Howard Beers, Professor of Rural Sociology, and Dr. M. M. White, Head of the Department of Psychology, both of the University of Kentucky, and Dr. Spafford Ackerly, Professor of Psychiatry, University of Louisville, and Medical Director of the Mental Hygiene Clinic, Louisville.

The Reverend George J. O'Bryan, president of the association, presided at the dinner. One of the main speakers, the Honorable Joshua B. Everett, Chairman of the Board of Welfare of the Commonwealth of Kentucky, was absent because of illness, but his sub-

ject, "Physical Improvements in and Plans for Kentucky's Hospitals for the Mentally Ill," was ably handled by Dr. A. M. Lyon, Director of the Division of Hospitals and Mental Hygiene of the Commonwealth of Kentucky. The second speaker, Tarleton Collier, Associate Editor of the Louisville *Courier-Journal*, gave an entertaining and instructive talk on the theme, "A Layman Looks at Mental Hygiene."

The annual report of the association, read by the president, indicated progress in 1944. Special tribute was paid to the Fayette County Unit of the association, which had set a good example to the other counties in the way of a county program. This unit had sponsored a series of radio talks on mental hygiene and had issued mental-hygiene material at the meeting of the Kentucky Education Association.

A committee of the state association is now assembling material to be printed and distributed to school people, placed on the tables in hospitals of the mentally ill and other public places, and mailed out to groups that are becoming interested in mental hygiene.

The next meeting of the association will be held in Louisville in January, 1945. There is no unit of the association in Jefferson County, in which Louisville is situated, and it is hoped that a meeting of the association in that city may pave the way to the formation of such a unit.

Maine

The following officers for the ensuing year were elected at the annual luncheon meeting of the Maine Teachers' Mental Hygiene Association in Lewiston: president, Mr. Edwin W. Richardson, Waterville; first vice president, Mrs. Grace L. Dodge, Boothbay; second vice president, Miss Carrie H. Rowe, Bangor; and secretary-treasurer, Dr. Charles A. Dickinson, Orono.

A question was brought up at the meeting concerning the relation of the Maine Teachers' Mental Hygiene Association to the Department of Mental Hygiene of the Maine Teachers' Association. The secretary, Dr. Charles A. Dickinson, explained that they are separate and distinct organizations. After some discussion, a motion was made and carried to the effect that the officers and executive committee of the Maine Teachers' Mental Hygiene Association be instructed to get in touch with the secretary of the Maine Teachers' Association to determine whether a closer relationship between the two could be effected.

Minnesota

Since the legislature will be sitting this year, the Minnesota Mental Hygiene Society is directing considerable attention to leg-

islative problems. The legislative and executive committees invited the state director of the Division of Public Institutions to meet with them on November 2 for a discussion of legislative needs and outlook. On November 15, the society coöperated with the Twin City Chapter of the American Association of Social Workers on a legislative meeting. The Fourth Annual Judge Waite Lecture on Juvenile Delinquency was given on November 29 in the form of a panel discussion of the Youth Correction Authority Act for Minnesota, as approved and recommended by the state bar association.

The clinical section of the society (social workers and teachers of the Twin Cities) has held two panel discussions, the first on "Institutional Treatment for Delinquent Boys," and the second on "Emotional Problems of Children in Relation to School."

New York

The New York State Committee on Mental Hygiene announces that it is still at work on the Medical Survey Program, and the executive secretary is social-service adviser to the state Selective Service headquarters. Some 500 coöperating welfare and health workers are still on the job, and this number is sufficient, with the reduced quotas, to give service to all the 260 local boards outside New York City. A statistical report for October 1, 1944, shows that over 210,000 names have been referred to medical field agents for investigation. The work reached its peak early in 1944, when for several months, 19,000 names a month were referred. The state department of mental hygiene also checks names for previous residence in a mental institution.

The WAC has contracted with the organization to pay \$2.50 per case to approved workers for securing histories on doubtful applicants, but so far the needed service has been volunteered.

The state committee has undertaken to help local groups with plans for rehabilitation of neuropsychiatric veterans, and has adopted a three-point program: (1) centralized service; (2) coördination of available mental-hygiene services with central service, stepping up mental-hygiene activities where possible; and (3) education of the groups concerned.

This program may seem almost too simple to be serviceable, but experience has shown that in many parts of the state even a basic local plan for neuropsychiatric cases is lacking. The government programs are not yet well coördinated and at best do not cover all areas of need. The neuropsychiatric veteran who does not require hospitalization seems at present to be the forgotten man.

Ohio

Irwin V. Shannon, Executive Director of the Cleveland Mental Hygiene Association, has sent in the following report on the society's activities:

"The Cleveland Mental Hygiene Association has developed a radio series on mental hygiene under the title of *What's on Your Mind?* which will be presented during December and January in coöperation with the Cleveland Health Museum and the Cleveland Academy of Medicine. This series will be inaugurated with a fifteen-minute talk on 'Your Mind and You' by Dr. Henry C. Schumacher, Director of the Cleveland Guidance Clinic, on December 12. The program will be carried over station WGAR in Cleveland. Following this introduction to the series, talks will be presented on 'The Parent and the Happy Child' and 'Guiding Teen Age Youth in Home and School.' Dr. Frank F. Tallman, Commissioner of Mental Diseases, State Department of Public Welfare in Ohio, will talk on 'Better Mental Health for Ohio's Citizens' later in the series, which will conclude with 'What the Community Can Do to Aid the Returning Serviceman' by Dr. Joseph Fetterman, a Cleveland psychiatrist who has recently returned from overseas service.

"With the technical assistance of the Cleveland Health Museum and participation by the Division of Mental Diseases of the Ohio State Welfare Department, the Cleveland Mental Hygiene Association is now in the process of preparing a permanent and portable mental-hygiene exhibit. This exhibit will consist initially of eight or ten units, and we hope to have it completed some time in January. Plans for the exhibit call for emphasis on basic mental-hygiene concepts as opposed to popular misconceptions; the positive contributions to the mental-hygiene movement in prevention and education; the present needs and proposed developments in the mental-health program for the state of Ohio; and the present situation in the Cleveland area with respect to prevention and treatment facilities.

"The annual meeting of the Cleveland Mental Hygiene Association will be held January 16, 1945, with an expected participation by many groups and individuals in the community who are interested in mental hygiene.

"The release, late in November, of the Report of the Governor's Committee on the Mental Health Program for Ohio, after almost a year's work by the committee, has stirred up a great deal of public interest in the problems of mental health in the state. The Cleveland Mental Hygiene Association is working actively with other organized groups in the city and in the state at large to promote the public's understanding and acceptance needed to secure the adoption of the legislative program based upon this report in the new session of the state legislature, meeting in January, 1945.

"A successful one-day institute on vocational rehabilitation was held in Cleveland on November 17, sponsored by the Health Council of the Cleveland Welfare Federation. The Cleveland Mental Hygiene Association participated in the planning of this institute, at which a number of federal and state officials of rehabilitation agencies spoke.

One of the important contributions to the institute was made by Dr. Victor H. Vogel, psychiatrist, U. S. Office of Vocational Rehabilitation, who spoke on the subject, 'Reclaiming the Mental Cases.' Other speakers from the Office of Vocational Rehabilitation included Miss Marion Russell, medical social worker, and D. R. Dabelstein, Chief, Advisement, Training, and Placement."

South Carolina

At the annual meeting of the South Carolina Society for Mental Hygiene, held on October 26 in Columbia, Dr. Luther E. Woodward, Field Consultant of the Division of Rehabilitation of The National Committee for Mental Hygiene, delivered an address on the topic, "A Community Post-war Program for the Mental Hygiene Training of Children." Dr. Woodward stated that an adequate program for the mental-hygiene training of children will require: first, assistance and opportunity for full employment on the part of the government and industry, for without basic economic security mental health is sure to be threatened; second, well-informed parents who know and practice the laws of child growth; third, opportunity for social growth in school and in both organized and unorganized play; fourth, the combined aid of family, school, and church in adding up life experiences and giving meaning to them that children can understand; fifth, an emphasis on human values and especially on opportunities for healthy child growth by those responsible for education, community planning, health services, and government.

At the business session, recommendations were adopted relative to setting up rehabilitation clinics and employing a full-time executive for the society. The following officers were elected: president, the Rev. J. Obert Kempson, Columbia; vice presidents, William C. Nau, Greenville, Sam B. Doughton, Columbia, Miss Katherine Edwards, Hartsville; secretary-treasurer, Mrs. H. E. Cone, Walterboro.

On the preceding day, October 25, the South Carolina Conference of Social Work sponsored a group of institutes, one of which was arranged by the society. The subject discussed was "Preparing Home and Community for the Return of the Service Man." Dr. Woodward was the leader of the discussion.

MENTAL-HYGIENE EXCHANGE

At a recent meeting of the Executive Committee of The National Committee for Mental Hygiene, the suggestion was made that "want ads" in MENTAL HYGIENE might be an excellent medium for the exchange of ideas and materials between mental-hygiene societies. In accordance with this suggestion, we are instituting a mental-hygiene exchange, in which requests such as those below may be

presented. If the exchange seems to meet a real need, it will be continued in succeeding issues.

Wanted—The Mental Hygiene Society of Charlotte, North Carolina, would like descriptions, duplicates, or photographs of window displays interpreting the work of mental-hygiene clinics, to be used in Community Chest drives. Any one who has such material, or information as to where it may be obtained, is requested to write to Miss Dorothea L. Dolan, Executive Secretary, Mental Hygiene Society, 121 East Third Street, Charlotte 2, N. C.

Wanted—The New York State Committee on Mental Hygiene, 105 East 22nd Street, New York City 10, wants material in connection with mental-hygiene courses for high-school students, such as book or pamphlet references for both teacher and students, outlines for course, and descriptions and evaluations of similar courses given elsewhere.

NEW PUBLICATIONS

A sixth revision of the *Directory of Psychiatric Clinics in the United States* has just been issued by The National Committee for Mental Hygiene under the title *Directory of Psychiatric Clinics and Related Facilities in the United States, With Special Reference to Rehabilitation Needs*.

The booklet, which is a joint compilation of the Division on Rehabilitation and the Division on Community Clinics of The National Committee for Mental Hygiene, is somewhat broader in scope than previous directories. It was compiled for two purposes: (1) primarily as a book of reference for medical officers and other professional staff in the armed forces and the American Red Cross who are in a position to advise men about to be discharged regarding resources for psychiatric treatment and related services; and (2) for the use of professional workers in civilian agencies in advising clients or referring persons to agencies in other parts of the country.

The resources listed are as follows:

A. State-wide facilities listed by state, including (1) all state hospitals and other institutions for the mentally handicapped; (2) divisions of state governments that conduct community or traveling clinics and can give information regarding location, time, and group served; (3) state societies for mental hygiene; (4) Veterans Administration neuropsychiatric hospitals; and (5) Veterans Administration regional offices.

B. Community psychiatric clinics and other resources listed by state and city, including (1) clinics; (2) family societies; and (3) councils of social agencies that have full-time information service.

Copies of the directory can be obtained from The National Committee for Mental Hygiene. Prices: single copies, 25 cents; in orders of from 5 to 100, 20 cents a copy; in orders of over 100, 15 cents a copy.

Suggestions to families as to how to make easier the readjustment of returning service men to civilian life are given in a 32-page pamphlet recently published by The National Committee for Mental Hygiene, under the double title *When He Comes Back* and *If He Comes Back Nervous*. Thomas A. C. Rennie, M.D., and Luther E. Woodward, Ph.D., Director and Field Consultant of the Rehabilitation Division of The National Committee for Mental Hygiene are the authors of the pamphlet. The price is 15 cents a copy; in orders of any number over twenty-five, 10 cents a copy. Orders should be sent to the National Committee's office at 1790 Broadway, New York 19, N. Y.

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STATE SOCIETIES AND COMMITTEES FOR MENTAL HYGIENE

(With Date of Organization)

- Alabama Society for Mental Hygiene** (1915)
Miss Katherine Vickery, Secretary
Alabama College, Montevallo, Ala.
- Arizona Society for Mental Hygiene** (1942)
Bishop Walter Mitchell, President
Phoenix, Arizona
- Northern California Society for Mental Hygiene** (1937)
Miss Elizabeth Hall, Executive Secretary
45 Second Street
San Francisco, California
- Southern California Society for Mental Hygiene** (1923)
Miss Janet Nolan, Executive Director
727 West 7th Street
Los Angeles 14, California
- Connecticut Society for Mental Hygiene** (1908)
Miss Frances Hartshorne, Executive Secretary
152 Temple Street
New Haven, Connecticut
- Delaware Society for Mental Hygiene** (1932)
Mrs. Louis L. Lebert
1308 Delaware Avenue
Wilmington 19, Delaware
- Illinois Society for Mental Hygiene** (1909)
Dr. Rudolph G. Novick, Medical Director
343 S. Dearborn Street
Chicago 4, Illinois
- Iowa State Society for Mental Hygiene** (1944)
Dr. Norman D. Render, Executive Director
1026 Des Moines Street
Des Moines, Iowa
- Kentucky Mental Hygiene Association** (1942)
Mrs. Ella Layne Brown, Executive Secretary
9 Euclid Avenue
Winchester, Kentucky
- Louisiana Committee for Mental Health** (1940)
Mrs. Philip J. Bayon, Executive Secretary
816 Hibernia Bank Bldg.
New Orleans 12, Louisiana
- Maine Teachers Mental Hygiene Association** (1940)
Dr. Charles A. Dickinson, Secretary
University of Maine
Orono, Maine
- Maryland Mental Hygiene Society** (1913)
Dr. Ralph P. Truitt, Executive Secretary
601 W. Lombard Street
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- Massachusetts Society for Mental Hygiene** (1913)
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Boston, Massachusetts
- Michigan Society for Mental Hygiene** (1936)
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Detroit 1, Michigan
- Minnesota Mental Hygiene Society** (1939)
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Minneapolis 14, Minnesota
- Missouri Association for Mental Hygiene** (1936)
Mr. Sidney Maughs, President
3720 Washington Blvd.
St. Louis, Missouri
- New York State Committee on Mental Hygiene of the State Charities Aid Association** (1910)
Miss Katharine G. Ecob, Executive Secretary
105 East 22nd Street
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- North Carolina Mental Hygiene Society** (1936)
Mr. R. Eugene Brown, Secretary
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- Oregon Mental Hygiene Society** (1932)
Mr. Dan Prosser, Executive Secretary
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- Pennsylvania—Mental Hygiene and Public Health Division, Public Charities Assn. of Pennsylvania** (1913)
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Miss Lillian Snyder, Secretary-
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Miss Esther H. DeWeerd, Executive
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Hawaii Territorial Society for Mental
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